

NOTICE PUBLICATION REGULATIONS SUBMISSION

STD. 400 (REV. 2-91)

AGENCY

State Department of Social Services

(See instructions on reverse)

AGENCY FILE NUMBER (if any)

RDB# 0892-27

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER	PREVIOUS REGULATORY ACTION NUMBER
	3-92-1020-06	93-0128-01C	92-0929-01E	

For use by Office of Administrative Law (OAL) only

1993 JAN 20 PM 1:55

OFFICE OF
ADMINISTRATIVE LAW
ENDORSED
APPROVED FOR FILING

MAR 10 1993

Office of Administrative Law

NOTICE

REGULATIONS

original
For use by Secretary of State only

FILED

in the office of the Secretary of State
of the State of California

MAR 10 1993

At 3:27 O'clock P M.

MARCH FONG EU, Secretary of State

By Kathleen J. Moreland
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Educational Assistance Income Exclusions		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER			
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER		PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S) MPP	ADOPT 63-017
SECTIONS AFFECTED	AMEND 63-406, 63-501 and 63-502
	REPEAL

2. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)
 ☐ Resubmittal
 ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
 ☐ Emergency (Gov. Code, § 11346.1(b))

☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only
 ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☐ Effective 30th day after filing with Secretary of State
 ☒ Effective on filing with Secretary of State
 ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399)
 ☐ Fair Political Practices Commission
 ☐ State Fire Marshal

☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Bureau Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

TYPED NAME AND TITLE OF SIGNATORY

Eloise Anderson, Director

DATE

JAN 22 1993

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

- .1 Sections 63-406.213, .214, .216 and .217; 63-501.3(k); 63-502.2(e), (g) and (l).
- .11 Beginning October 5, 1992, the county welfare departments (CWDs) shall implement the adopted or amended provisions for all new Food Stamp applications.
- .12 Continuing cases and any other affected households, shall be converted to this provision at the household's request, at recertification, when the case is reviewed next or the CWD becomes aware a review is needed, whichever occurs first. Restored benefits to entitled households are to be provided back to the date of application or August 1, 1992, whichever occurred later.
- .13 For a household that applied for benefits from August 1, 1992 through October 5, 1992 and was denied, the household is entitled to restored benefits back to August 1, 1992 or date of application, whichever occurred later, if the household: (1) is otherwise entitled to benefits and (2) requests a review of its case or the CWD becomes aware a review is needed.

Authority Cited: Sections 10554 and 18904, Welfare and Institutions Code.

Reference: PUBLIC LAW 101-392, SECTION 507; P.L. 101-624, SECTIONS 1715 AND 1727; AND P.L. 102-237, SECTION 903 7 U.S.C. 2014(d); 7 U.S.C. 2015(e); and 20 U.S.C. 2466d.

.1 Applicability. (Continued)

.2 Eligibility Requirements.

.21 In order to be eligible to participate in the Food Stamp Program, any student (as defined in Section 63-406.1) shall meet at least one of the following criteria on the date of the interview:

.211 (Continued)

.212 (Continued)

.213 Be exerting parental control over a dependent household member under the age of six. (See Section 63-102p.(1) for definition of parental control.)

.214 Be exerting parental control over a dependent household member who has reached age six but is under age 12 and the CWD has determined on a case-by-case basis that adequate child care services are not available (See Section 63-406.23) to enable the individual to attend class and work 20 hours per week or participate in a state or federally financed work study program during the regular school year.

.215 (Continued)

.216 Be assigned to or placed in an institution of higher education through:

(A) The Job Training Partnership Act (JTPA),

(B) a Food Stamp Employment or Training Program (FSET),

(C) the Job Opportunities and Basic Skills (JOBS) program under Title IV of the Social Security Act,

(D) a program under Section 236 of the Trade Act of 1974, or

(E) a state or local government employment and training program, as determined to be appropriate by the Food and Nutrition Service (FNS).

.217 Enrolled full time in an institution of higher education and is a single parent with responsibility for the care of a dependent child under age 12. (Continued)

Authority Cited: Sections 10554 and 18904, Welfare and Institutions Code.

Reference: Sections 10554 and 18904, Welfare and Institutions Code; 7 CFR 273.10(b); 7 CFR 273.5; and ~~P/L/ 101-024/ Section 1727~~ 7 U.S.C. 2015(e).

Amend Section 63-501 (Reference) to read:

63-501 RESOURCE DETERMINATIONS (Continued)

63-501

.3 Exclusions from Resources

In determining the resources of a household, only the following shall be excluded:

(a) through (j) (Continued)

(k) Resources which are excluded for food stamp purposes by federal statute. The following is a listing of some of the resources excluded by federal statute:

(1) through (11) (Continued)

(12) Financial assistance provided by a program funded in whole or in part under Title IV of the Higher Education Act (as amended by Public Law [P.L.] 99-498), the Bureau of Indian Affairs Student Assistance Programs, (pursuant to P. L. 100-50) or the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (20 U.S.C. 2301-2466d.). (Continued)

Authority Cited: Sections 10553, 10554, 11209 and 18904, Welfare and Institutions Code.

Reference: Section 18901, Welfare and Institutions Code; 7 CFR 272.8(e)(17); 7 CFR 273.2(j)(4); Public Law (P.L.) 100-50, Sections 22(e)(4) and 14(27), enacted June 3, 1987; P.L. 101-201; ~~P.L. 101-201~~ ~~Section 107~~; P.L. 101-508, Section 11111(b); P.L. 101-624, Section 1715; P.L. 102-237, Section 905, as specified in Federal Administrative Notice 92-12, dated January 9, 1992; Section 2466d., Title 20, United States Code (U.S.C.); 7 U.S.C. 2014(d); 26 U.S.C. 32(j)(5); 42 U.S.C.A. 5122 as amended by P.L. 100-707, Section 105(i), U.S.D.A. Food and Nutrition Service Administrative Notice 91-30; and Index Policy Memo 90-22, dated July 12, 1990.

Amend Section 63-502.2 to read:

63-502 INCOME, EXCLUSIONS AND DEDUCTIONS

63-502

.1 (Continued)

.2 Income Exclusions. Only the following items shall be excluded from household income:

(a) through (d) (Continued)

(e) Regardless of their source, educational loans on which payment is deferred, grants, scholarships, college work study, fellowships, veterans' educational benefits, and the like to the extent that it is either earmarked by the lender or intended to be used for tuition and mandatory fees, books, supplies, transportation, dependent care or miscellaneous personal expenses (other than living expenses, such as rent or mortgage, personal clothing, or food eaten at home) at an institution of post-secondary education, including correspondence schools at that level, or a school at any level for the physically or mentally handicapped.

(1) (Continued)

(2) Mandatory fees include the rental or purchase of any equipment, materials, and supplies related to the pursuit of the course of study involved.

(3) (Continued)

(4) The CWD shall verify all factors affecting Section 63-502.2(e). The student shall be responsible for providing the CWD with information to document:

(A) Amounts claimed for tuition, mandatory ~~fees~~ fees, books, supplies, transportation, dependent care and miscellaneous personal expenses. (Continued)

(B) Until such time as appropriate verification is presented to the CWD, any portion of assistance received which is not verified shall not be excluded.

(C) Excludable expenses claimed by the student shall not exceed the value of the total amount of educational assistance received.

(f) (Continued)

(g) (Continued)

- (1) Excludable reimbursements which are not considered to be a gain or benefit to the household include, but are not limited to the following:

(A) and (B) (Continued)

(C) Medical, as specified in Section 63-502.331, or dependent care reimbursements.

(D) Reimbursements or allowances to students for specific education expenses which are specifically earmarked by the grantor such as, but not limited to, travel or books.

(E) (Continued)

(F) (Continued)

(G) (Continued)

(H) Any allowance provided by the state or county no more frequently than annually for children's clothes when the children enter or return to school or daycare, except as specified in Section 63-502.2(g)(2)(C). Verification of attendance at school or daycare is not required.

(I) (Continued)

- (2) The following shall not be considered a reimbursement excludable under this provision:

(A) (Continued)

(B) Portions of any educational grant, scholarship, fellowship, veterans' educational benefit, and the like that are provided for living expenses, such as food, rent, or clothing.

(C) Clothing allowances specified in Section 63-502.2(g)(1)(F) if the monthly AFDC grant is reduced by the amount of the allowance during the month in which the allowance is provided.

(h) through (k) (Continued)

(l) (Continued)

- (4) Federal educational assistance provided by a program funded in whole or in part under Title IV of the Higher Education Act

and/or the Bureau of Indian Affairs Student Assistance Programs is excludable to the extent specified in Section 63-502.2(e).
(Continued)

(m) and (n) (Continued)

.3 (Continued)

Authority Cited: Sections 10553, 10554, 11209 and 18904, Welfare and Institutions Code.

Reference: Section 18901, Welfare and Institutions Code; Public Law (P.L.) 101-201; P.L. 100-50, Sections 22(e)(4) and 14(27), enacted June 3, 1987; P.L. 100-77; P/L/ 101+192/ Section 807; P/L/ 101+824/ Sections 1713 and 1727; P/L/ 102+237/ Section 903; 7 CFR 271.2; 7 CFR 273.7(f); 7 CFR 273.9; 7 CFR 273.9(b)(1) and (c), 7 CFR 273.9(c)(1)(iv)(B) and (c)(3); 7 CFR 273.9(c)(5); 7 CFR 273.9(c)(5)(i)(A); 7 CFR 273.9(c)(5)(i)(C), (F) and (G) and (ii)(A); 7 CFR 273.9(c)(10); 7 CFR 273.9(c)(15); 7 CFR 273.9(d)(3)(vii); 7 CFR 273.9(d)(1) through (6); 7 CFR 273.11(d)(1), (Court Order re Final Partial Settlement Agreement in Jones v. Yeutter (C.D. Cal Feb. 1, 1990) ____ F. Supp. ____ [Dock. No. CV-89-0768]); P.L. 101-508, Section 1111(b); 7 U.S.C. 2014(d); 7 U.S.C. 2015(e); 20 U.S.C. 2466d.; 26 U.S.C. 32(j)(5); U.S.D.A. Food and Nutrition Service Administrative Notice 91-30; and Waiver Letter WFS-100:FS-10-6-CA, dated October 2, 1990, United States Department of Agriculture, Food and Nutrition Service.

REGULAR NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

original
For use by Secretary of State only

STD. 400 (REV. 2-91)

AGENCY

California Department of Social Services

AGENCY FILE NUMBER (if any)

1091-48

OAL FILE
NUMBERSNOTICE FILE NUMBER
Z-92-0623-01

REGULATORY ACTION NUMBER

93-0129-035

EMERGENCY NUMBER

PREVIOUS REGULATORY ACTION NUMBER

For use by Office of Administrative Law (OAL) only

1993 JAN 29 PM 3:28

OFFICE OF
ADMINISTRATIVE LAWENDORSED
APPROVED FOR FILING

MAR 10 1993

NOTICE

Office of REGULATIONS

FILED

In the office of the Secretary of State
of the State of California

MAR 10 1993

At 3:27 O'clock P. M.

MARCH FONG EU, Secretary of State

By Kathleen J. Moreland
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Release of Medical and Background Information		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER		PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S) Title 22	ADOPT Section 35050, 35094
SECTIONS AFFECTED	AMEND Sections 35000, 35023, 35047, 35049, 35051, 35093, 35094, 35095, 35209, 35211 and 35287.
	REPEAL

2. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code, § 11346) ☐ Resubmittal ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) ☐ Emergency (Gov. Code, § 11346.1(b))

☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☒ Effective 30th day after filing with Secretary of State ☐ Effective on filing with Secretary of State ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399) ☐ Fair Political Practices Commission ☐ State Fire Marshal

☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

DATE

JAN 21 1993

TYPED NAME AND TITLE OF SIGNATORY

ELOISE ANDERSON, DIRECTOR

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

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REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Amend Section 35000 to read:

35000 DEFINITIONS

35000

(a) (1) (Continued)

- (2) "AD 67" (9/90) means the form entitled, "Information About the Birth Mother."
- (3) "AD 67A" (6/91) means the form entitled, "Information About the Birth Father."
- (4) "AD 100" (2/93) means the form entitled, "Authorization for Release of Information."
- (5) "AD 512" (10/91) means the form entitled, "Psychosocial and Medical History of Child."
- (6) AD 512A" (2/93) means the form entitled, "Transmittal of Adoptee's Medical and Psychosocial Background and Family History."

HANDBOOK BEGINS HERE

AD forms are available through the Department's Forms Warehouse.

HANDBOOK ENDS HERE

(~~2~~7) (Continued)

(~~3~~8) (Continued)

(~~4~~9) (Continued)

(~~5~~10) (Continued)

(~~6~~11) (Continued)

(~~7~~12) (Continued)

(~~8~~13) (Continued)

(~~9~~14) (Continued)

(b) (1) through (m) (1) (Continued)

(m) (2) "Medical Report" means the completed AD 512 on which information about the child's medical and family background is written.

(A) The AD 512 shall contain the following nonidentifying information about the child and his or her birth parents:

1. All known medical background about the child's birth parents;

2. All known diagnostic information about the child, including medical reports, psychological evaluations, if applicable, and scholastic information, if he or she is age appropriate;
3. All known information about the child's development prior to placement with the prospective adoptive parents and during the time the child was seen by the adoption case worker while in the prospective adoptive parents' home;
4. All known information about the child's family life;
5. Copies of the nonconfidential section (Part II) of the AD 67 and the AD 67A when completed by the birth parent;
6. Medical reports from the child's prenatal physician and the physician who delivered the child, or from the hospital in which the child was born, if available; and,
7. Photocopies of all original source reports on the child's and his or her birth parents' medical and family backgrounds obtained during the agency's investigation of the child.

(n)(1) through (z) (Continued)

Authority cited: Sections 10553, 10554, and 16118(a), Welfare and Institutions Code; Section 1530, Health and Safety Code; and Sections 222.26(b), 224.50(h), 224.70(b), ~~and~~ 226.11, and 226.35(b) Civil Code.

Reference: Sections 10800, 16000, 16115, 16118, 16119, 16120, 16120.1 and 16121, Welfare and Institutions Code; Sections 25, 62, 211, 220.20(a), 220.20(b), 220.20(c), 220.20(d), 220.20(e), 220.20(f), 220.20(g), 220.20(h), 220.20(i), 220.20(j), 220.20(k), 220.20(l), 220.20(m), 220.20(n), 220.20(o), 220.20(p), 220.20(q), 222.26(a), 224.70(a), 226.35(a), 229.30, 232, 239, 7001, 7002, 7003, 7004, and 7017, Civil Code; Section 1502, Health and Safety Code; Section 13290, Government Code; 8 USC 1101(b)(1)(F); 25 USC 1901, 1903(2), (3), (4), (5), (6), (8), (9), (11), and (12); 42 USC 673 and 675; Section 11105(a)(2), Penal Code; and 28 CFR Section 16.31; and 45 CFR 1356.41(i).

Amend Section 35023 to read:

35023 INFORMATION AND AUTHORIZATION

35023

- (a) The agency shall obtain the birth mother's and the birth father's authorization for the release of medical information prior to fulfilling the requirements of Sections 35023(b)(7), (8) and (9).

(1) (Continued)

- (2) Agencies shall use the AD 100 to obtain the birth parents' authorizations for the release of medical information pursuant to this section.

(A) The agency shall indicate on the AD 100, in the space provided, that the prospective adoptive parents and the agency are authorized to receive the information being sought.

- (3) The AD 100 shall advise the birth parent and the source to whom the authorization is to be sent of the following:

(A) All nonidentifying information obtained from the source will be given to the prospective adoptive parents prior to the finalization of adoption.

(B) All nonidentifying information obtained from the source will be given to the adoptive parents of an adoptee under age 18 and to the adult adoptee, upon written request, in post-adoption services.

(C) No identifying information about either the child or his or her birth parents shall be disclosed to the adopting parents or the adult adoptee unless permitted by law.

HANDBOOK BEGINS HERE

- (4) If it is not possible to obtain the birth mother's or birth father's authorization, the agency may utilize a court order to obtain this information.

HANDBOOK ENDS HERE

- (5) If the agency receives a report or evaluation that is illegible or the photocopy is unclear, the agency shall return it to the source with a request for a clear, legible copy.

- (#b) The agency shall obtain the following information regarding the child's birth parents:

(21) (Continued)

(72) (Continued)

(73) (Continued)

(74) (Continued)

(75) (Continued)

(76) (Continued)

(77) Medical background, including illnesses, diseases, or defects of a hereditary or genetic nature, as required by Civil Code Section 222.26(a), 224.70(a), or 226.35(a), including, if available, the medical history of the birth parent's extended family if available.

HANDBOOK BEGINS HERE

(A) The content of Civil Code Section 222.26(a) is found located at Section 35209(a)(1).

(B) The content of Civil Code Section 224.70(a) is found located at Section 35093(a)(3)(C).

(C) The content of Civil Code Section 226.35(a) is found located at Section 35275(a)(1).

HANDBOOK ENDS HERE

(98) The agency shall obtain a report on the birth mother from the prenatal physician and the physician who delivered the child, or from the hospital in which the child was born, if available. The reports shall include the following:

(A) Information regarding about any medications taken by the birth mother during pregnancy.

(B) Information about any complications of pregnancy or delivery.

(9) Existing reports or evaluations on the birth parent from medical or mental health professionals and hospitals or institutions in which the birth parent has been an in-patient or out-patient.

(10) The agency shall obtain the birth mother's authorization for the release of medical information prior to fulfilling the requirement of Section 35023(a)(8).

The AD 67 and the AD 67A completed by the birth parents.

HANDBOOK BEGINS HERE

ANY If it is not possible to obtain the birth mother's authorization/
the agency may utilize a court order to obtain this information/

HANDBOOK ENDS HERE

(c) The agency shall document in the adoption case record and in the court report the reason(s) that the agency was unable to obtain any of the reports, documents, or information described in Section 35023(b).

(1) The agency shall indicate the name of any such report or documentation that was not obtained and the reason(s) that the information is not part of the child's medical report on the AD 512A.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; Section 1530, Health and Safety Code; and Sections 222.26(b), Civil Code.

Reference: Sections 222.26(a), 222.75, 229.30, and 7004, Civil Code.

Amend Section 35047 to read:

35047 ADDITIONAL REQUIREMENTS FOR ADOPTIONS CASE RECORDS

35047

(a) (Continued)

(1) through (15) (Continued)

(16) Copies of the birth ~~not~~ parents' authorizations for the release
 of medical background information as required by Section 35023(a) ~~of~~.

(17) through (24) (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and
 Sections 222.26(b), 224.70(b), and 226.35(b), Civil Code.

Reference: Sections 1501, 1502, 1503, and 1508, Health and Safety Code;
 Sections 89179 and 89182, Title 22, California Code of
 Regulations; and Sections 222.26(a), 222.37, 222.40, 224.49,
 224.70(a), and 226.30, and 226.35(a), Civil Code.

Amend Section 35049 to read:

35049 RELEASE OF INFORMATION FROM AN ADOPTION CASE RECORD

35049

(a) (Continued)

(b) (Continued)

(1) through (3) (Continued)

- (4) The agency shall arrange for contact ~~among~~ among between an adult adoptee/ and his or her birth parent and any living adoptive parent as required by Civil Code Section 229.50.

HANDBOOK BEGINS HERE

- (A) ~~The department interprets the requirement in Section 35049(a)(4) to mean any one living adoptive parent.~~

(B) Civil Code Section 229.50, in pertinent part, reads:

~~" //If an adult adoptee, his or her birth parent, and any living adoptive parent have each filed a written waiver of his or her rights with respect to the confidentiality of adoption records with the department at Sacramento or any licensed adoption agency, the department or the licensed agency may arrange for contact among those persons. Neither the department nor a licensed adoption agency shall solicit, directly or indirectly, the execution of such a waiver.//"~~

" ...if an adult adoptee and his or her birth parent have each filed a written consent with the department or the licensed agency, the department or licensed agency may arrange for contact between those persons. Neither the department nor a licensed adoption agency shall solicit, directly or indirectly, the execution of such a written consent."

1. Effective January 1, 1992, AB 1896 (Frizzelle), Chapter 135, Statutes of 1991, amended Civil Code Section 229.50, which pertains to the department's or licensed adoption agency's involvement in arranging contact between adult adoptees and birth parents. The new legislation deletes the prior provision that required agencies to obtain a written waiver of disclosure from adoptive parents.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, and 10850(d), Welfare and Institutions Code.

Reference: Section 10850(d), Welfare and Institutions Code; Sections 229.50 and 1798.24(r) and (s), Civil Code; and 25 U.S.C. 1901, et seq.

Adopt Section 35050 to read:

35050 PROVIDING A MEDICAL REPORT

35050

- (a) The agency shall provide the adoptive parents copies of information received by the agency pursuant to Civil Code Section 222.15(a)(1) or 224.73(a)(1) after finalization of the adoption.

HANDBOOK BEGINS HERE

- (1) The content of Civil Code Section 222.15(a)(1) is located at Section 35151(a)(3)(A)2..
- (2) The content of Civil Code Section 224.73(a)(1) is located at Section 35121(a)(3)(B).

HANDBOOK ENDS HERE

- (3) The agency shall transmit the information to the adoptive parents upon its receipt.
- (A) The agency shall delete the names and addresses of all individuals, including the adoptee and the source, prior to releasing the information.
- (B) The agency shall strive for full disclosure of all medical and family background information received from the birth parents.
- (C) The agency shall not interpret or summarize medical terminology or any health conditions indicated in the information received from the birth parents. Emphasis shall be placed on citing verbatim from any reports and evaluations received.
- (D) The agency shall advise the adoptive parents that, upon receipt of the information, the adoptive parents should consult their physician or mental health professional for further evaluation or interpretation, particularly if the information contains material sensitive in subject matter.
1. The agency shall document in the adoption case record a description of the manner in which the medical information was released and the date on which the information was released.
2. The agency shall retain a copy of the information in the adoption case record.

Authority Cited: Sections 10553, 10554 and 10850(d), Welfare and Institutions Code.

Reference: Sections 222.15 and 224.73, Civil Code.

Amend Section 35051 to read:

35051 PROVIDING A MEDICAL REPORT UPON REQUEST

35051

- (a) The agency shall provide ~~copies~~ a photocopy of the adoptee's medical report required by Civil Code Section 229.30 and all documents related to the medical report which is required by Civil Code Section 229.30/ upon the written request of an adoptee who has attained the age of 18, an adoptee under the age of 18 who presents a certified copy of his or her marriage certificate, or an adoptive parent of an adoptee under the age of 18.

(1) (Continued)

- (2) The agency shall delete from the medical report and photocopies of the relevant documents the names and addresses of any persons contained in the report all individuals, including the adoptee and the source, prior to releasing photocopies of the report, unless the person requesting the report has previously received the information pursuant to Civil Code Section 229.40(a).

HANDBOOK BEGINS HERE

- (A) The definition of "medical report" is located at Section 35000(m)(2).
- (B) The content of Civil Code Section 229.40(a), in part, is located at Section 35053(b)(1).

HANDBOOK ENDS HERE

- (3) If the requester has attained the age of 21 and if the information would cause emotional trauma in a reasonable person, the agency shall inform the requester that the report contains sensitive material and that the requester has the choice of having the report sent to him/herself or to a medical or mental health professional of the requester's choice.

The agency shall strive for full disclosure of all medical and family background information about the adoptee and his or her birth parents.

- (4) If the requester is a person under the age of 21, the agency shall inform the requester that the report contains sensitive material and that the report may only be released to a medical or mental health professional of the requester's choice.

The agency shall not interpret or summarize medical terminology or any health conditions indicated in the original source reports. Emphasis shall be placed on citing verbatim from any reports and evaluations contained in the adoption case record.

- (5) The agency shall transmit to the requester any medical information submitted by a birth parent subsequent to the original medical report provided to the requester.

The agency shall advise the requester that, upon receipt of the medical report, the requester should consult his or her physician or mental health professional for further evaluation or interpretation, particularly if the report contains material sensitive in subject matter.

- (6) Attachments of original source reports may not be appropriate under certain, limited circumstances. When the identity of other persons, such as former caretakers and other children in the foster home, would be revealed or when the information is not directly related to the adoptee's current or future well-being, only summaries of original source reports shall be released to the requester.

- (b) Subject to the conditions described in Sections 35051(a)(2) through (6), upon receipt, the agency shall transmit to the adult adoptee, an adoptee under the age of 18 who presents a certified copy of his or her marriage certificate, or the adoptive parent of an adoptee under the age of 18 medical information submitted by a birth parent after the release of the medical report pursuant to Section 35051(a).

- (1) The agency shall document in the adoption case record a description of the manner in which the medical information was released and the date on which the information was released.

- (2) The agency shall retain a copy of the medical information in the adoption case record.

Authority Cited: Sections 10553, 10554, and 10850(d), Welfare and Institutions Code.

Reference: Section 229.30, Civil Code; and 25 U.S.C. 1901, et seq.

Amend Section 35093 to read:

35093 ASSESSMENT OF CHILD

35093

(a) The agency shall assess the child. The assessment shall be in writing and include, but not be limited to, the following information about the child/§:

(1) ~~Background~~ Identification, including the child's sex, age, race, and ethnicity.

(2) ~~Development~~ A complete medical report as defined at Section 35000(m)(2).

~~(3) Health~~

HANDBOOK BEGINS HERE

(A) (Continued)

(B) (Continued)

(C) It is advisable that the agency inform the prospective adoptive parents that the child may need further psychological evaluation from a mental health professional if the child's background or health history indicates the need for such an evaluation.

HANDBOOK ENDS HERE

(D) The agency shall use the AD 512A when releasing information about the child's medical and family background to the prospective adoptive parents.

(E) All recommendations or comments made by the agency to the prospective adoptive parents about the child or his or her family background shall be written on the AD 512A and given to the prospective adoptive parents.

HANDBOOK BEGINS HERE

1. For further information regarding procedures to use when releasing the AD 512A, agencies should refer to Section 35094.

HANDBOOK ENDS HERE

(3) Religion.

(4) Readiness for adoption and willingness to be adopted, if appropriate.

(45) Adjustment in the home of the petitioners.

(56) Other examinations and reports ~~as necessary~~ when available.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Section 224.70(b), Civil Code.

Reference: Sections 224.40, 224.42, and 224.70(a), Civil Code.

Article 1 Agency Responsibility

Adopt Section 35094 to read:

35094 WRITTEN REPORT ON ASSESSMENT OF CHILD TO BE PROVIDED TO
PROSPECTIVE ADOPTIVE PARENTS

35094

- (a) Prior to finalization of the adoption, the agency shall give the prospective adoptive parents a written medical report in accordance with Civil Code Section 224.70(a) and the information gathered pursuant to Subchapter 4, Article 1, Section 35093, "Assessment of the Child."

HANDBOOK BEGINS HERE

- (1) The content of Civil Code Section 224.70(a) is located at Section 35093(a)(2)(C).
- (2) The definition of "medical report" is located at Section 35000(m)(2).

HANDBOOK ENDS HERE

- (3) The agency shall use the AD 512A when releasing information about the child's medical and family background.
- (A) The agency shall delete all identifying information prior to releasing the report.
- (4) The agency shall disclose to the prospective adoptive parents all available medical and family background information about the child and his or her birth parents.
- (A) The agency shall photocopy, except as provided in Sections 35094(a)(4)(C), (D) and (E), all available original source reports and evaluations obtained during the adoption investigation of the child and his or her birth parents' medical and family backgrounds.
1. The photocopies shall be attached to the AD 512A.
- (B) The agency shall delete the names and addresses of all individuals, including the child and the source, contained in all reports or evaluations, prior to releasing photocopies.
- (C) The agency shall not interpret or summarize medical terminology or any health condition indicated in the original source reports, except as noted in this section. Emphasis shall be placed on citing verbatim from any report or evaluation contained in the adoption record.
1. When the identity of other persons, such as former caretakers and other children in the foster home, would be revealed or when the information is not directly related to

the child's current or future well-being, only summaries of original source reports shall be included on the AD 512A.

HANDBOOK BEGINS HERE

- (i) The attachment of photocopied original source reports may not be appropriate under certain, limited circumstances.

HANDBOOK ENDS HERE

- (D) If a birth parent has received psychiatric or psychological evaluations, the diagnosis of his or her condition shall be given verbatim.
1. The agency shall not release the original report of the evaluation.
- (E) If a birth parent has received in-patient psychiatric treatment, information concerning his or her diagnosis, response to treatment and prognosis shall be given verbatim.
1. The agency shall not release the original report of the hospitalization.
- (F) All reports that are photocopied and given to the prospective adoptive parents shall be attached and listed on the AD 512A.
- (5) The agency shall advise the prospective adoptive parents that, upon receipt of the medical report, the prospective adoptive parents should consult their physician or mental health professional for further evaluation or interpretation, particularly if the report contains material sensitive in subject matter.
- (6) The agency shall document in the adoption case record and court report the name of any report, document, or information described in Section 35000(m)(2) that the agency was unable to obtain and the reason(s) that the information was not available.
- (7) The agency shall identify on the AD 512A the name of any report, document, or information described in Section 35000(m)(2) that was not obtained and the reason(s) that the information is not included.
- (8) The agency shall obtain the prospective adoptive parents' signatures in the space provided on the AD 512A acknowledging receipt.
- (A) The agency shall make a copy of the completed AD 512A with the prospective adoptive parents' signatures for the adoption case record.
- (b) Prior to the finalization of the adoption, the agency shall transmit to the prospective adoptive parents any medical and family background information about the child and his or her birth parents received after the release of the medical report pursuant to Section 35094(a).

(1) The agency shall transmit the information upon its receipt to the prospective adoptive parents.

(A) The agency shall delete the names and addresses of all individuals, including the child and the source, prior to releasing the information.

(B) The agency shall strive for full disclosure of all medical and family background information about the child and his or her birth parents.

(C) The agency shall not interpret or summarize medical terminology or any health conditions indicated. Emphasis shall be placed on citing verbatim from any reports and evaluations received.

(D) The agency shall advise the prospective adoptive parents that, upon receipt of the information, the prospective adoptive parents should consult their physician or mental health professional for further evaluation or interpretation, particularly if the information contains material sensitive in subject matter.

1. The agency shall document in the adoption case record a description of the manner in which the information was released and the date on which the information was released.

2. The agency shall retain a copy of the information in the adoption case record.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Section 224.70(b), Civil Code.

Reference: Section 224.70(a), Civil Code.

Amend Section 35095 to read:

35095 GENERAL PREREQUISITES TO CONSENT

35095

(a) (Continued)

(1) Obtain information from the birth parents regarding the child's background, the birth parents' reasons for choosing adoption for the child, and the birth parent/s' attitudes towards the adoption.

(A) Request the birth parents to provide medical and family background information on the AD 67 and the AD 67A.

(AB) In the event that the child who is the subject of the consent to adoption comes within the provisions of the ICWA/ the consent shall be taken in accordance with Section 35375/
Take the consent to adoption in accordance with Section 35375 if the child who is the subject of the consent to adoption comes within the provisions of the ICWA.

(C) Document in the adoption case record and court report the name of any report, document, or information described in Section 35000(m)(2) that the agency was unable to obtain and the reasons that the information is not included.

1. The agency shall identify on the AD 512A the name of any report, document, or information described in Section 35000(m)(2) that was not obtained and the reason(s) that the information is not included.

(2) through (11) (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; Sections 224.50(h) and 224.70(b), Civil Code.

Reference: Sections 220.20(m), 220.20(o), 221.40, 224.20, 224.40, 224.42, 224.44, 224.50, ~~and~~ 224.62 and 224.70(a), Civil Code.

Amend Section 35209 to read:

35209 MEDICAL BACKGROUND REPORT ON CHILD

35209

- (a) Prior to or at the time of adoptive placement of the child, the agency shall give a written medical report to the prospective adoptive parents on the medical background of the child and the child's birth parents in accordance with Civil Code Section 222.26(a) and obtain a written statement from the prospective adoptive parents acknowledging receipt of the report.

HANDBOOK BEGINS HERE

(1) (Continued)

(2) The definition of "medical report" is located at Section 35000(m)(2).

HANDBOOK ENDS HERE

(3) The agency shall give the prospective adoptive parents photocopies and summaries, as appropriate, of the child's medical report in conjunction with the AD 512A.

(A) The agency shall identify on the AD 512A the name of any report, document, or information described in Section 35000(m)(2) that was not obtained and the reasons(s) that the information was not available.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; ~~and~~ Section 1530, Health and Safety Code; and Section 222.26(b), Civil Code.

Reference: Section 222.26(a), Civil Code.

Amend Section 35211 to read:

35211 WRITTEN REPORT ON ASSESSMENT OF CHILD TO BE PROVIDED
TO PROSPECTIVE ADOPTIVE PARENTS

35211

(a) Prior to or at the time of the adoptive placement of the child, the agency shall give the prospective adoptive parents a written medical report to the prospective adoptive parents which sets forth the information gathered pursuant to Subchapter 5, Article 4, Section 35171 et seq. "Assessment of the Child" as defined at Section 35000(m)(2) and the information gathered pursuant to Subchapter 5, Article 4, Section 35171 "Content of Written Assessment of the Child" and Subchapter 5, Article 7, Section 35209 "Medical Background Report on the Child."

(1) The agency shall use the AD 512A when releasing information about the child's medical and family background to the prospective adoptive parents.

(2) All recommendations or comments made by the agency to the prospective adoptive parents about the child or his or her family background shall be written on the AD 512A and given to the prospective adoptive parents.

(A) The agency shall delete all identifying information prior to releasing the report.

(3) The agency shall disclose to the prospective adoptive parents all available medical and family background information about the child and his or her birth parents.

(A) The agency shall photocopy, except as provided in Sections 35211(a)(3)(C), (D) and (E), all available original source reports and evaluations obtained during the adoption investigation of the child and his or her birth parents' medical and family backgrounds.

1. The photocopies shall be attached to the AD 512A.

(B) The agency shall delete the names and addresses of all individuals, including the child and the source, contained in all reports or evaluations, prior to releasing photocopies.

(C) The agency shall not interpret or summarize medical terminology or any health condition indicated in the original source reports, except as noted in this section. Emphasis shall be placed on citing verbatim from any report or evaluation contained in the adoption record.

1. When the identity of other persons, such as former caretakers and other children in the foster home, would be

revealed or when the information is not directly related to the child's current or future well-being, only summaries of original source reports shall be included on the AD 512A.

HANDBOOK BEGINS HERE

- (i) The attachment of photocopied original source reports may not be appropriate under certain, limited circumstances.

HANDBOOK ENDS HERE

- (D) If a birth parent has received psychiatric or psychological evaluations, the diagnosis of his or her condition shall be given verbatim.
1. The agency shall not release the original report of the evaluation.
- (E) If a birth parent has received in-patient psychiatric treatment, information concerning his or her diagnosis, response to treatment and prognosis shall be given verbatim.
1. The agency shall not release the original report of the hospitalization.
- (F) The agency shall obtain relevant information from the foster care record maintained by the county's child welfare services program regarding the child and his or her birth parents.
- (G) All reports that are photocopied and given to the prospective adoptive parents shall be attached and listed on the AD 512A.
- (4) The agency shall advise the prospective adoptive parents that, upon receipt of the medical report, the prospective adoptive parents should consult their physician or mental health professional for further evaluation or interpretation, particularly if the report contains material sensitive in subject matter.
- (5) The agency shall document in the adoption case record and court report the name of any report, document or information described in Section 35000(m)(2) that the agency was unable to obtain and the reason(s) that the information was not available.
- (6) The agency shall identify on the AD 512A the name of any such report, document, or information described in Section 35000(m)(2) that was not obtained and the reason(s) that the information is not included.
- (7) The agency shall obtain the prospective adoptive parents' signatures in the space provided on the AD 512A acknowledging receipt of the report.
- (A) The agency shall make a copy of the completed AD 512A with the prospective adoptive parents' signatures for the adoption case record.

(b) Prior to the finalization of the adoption, the agency shall transmit to the prospective adoptive parents any medical and family background information about the child and his or her birth parents received after the release of the medical report pursuant to Section 35211(a).

(1) The agency shall transmit the information upon its receipt to the prospective adoptive parents.

(A) The agency shall delete the names and addresses of all individuals, including the child and the source, prior to releasing the information.

(B) The agency shall strive for full disclosure of all medical and family background information about the child and his or her birth parents.

(C) The agency shall not interpret or summarize medical terminology or any health conditions indicated. Emphasis shall be placed on citing verbatim from any reports and evaluations received.

(D) The agency shall advise the prospective adoptive parents that, upon receipt of the information, the prospective adoptive parents should consult their physician or mental health professional for further evaluation or interpretation, particularly if the information contains material sensitive in subject matter.

1. The agency shall document in the adoption case record a description of the manner in which the information was released and the date on which the information was released.

2. The agency shall retain a copy of the information in the adoption case record.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Section 222.26(b), Civil Code.

Reference: Section 222.26(a), Civil Code.

Amend Section 35287 to read:

35287 SUBMISSION AND DISCUSSION OF WRITTEN ASSESSMENT

35287

- (a) The agency shall submit the written assessment to the prospective adoptive parents and discuss with ~~him/her~~ them the agency's evaluation of the child's current and anticipated functioning as required by Section 35283(a)(2) and Civil Code Section 226.35 at least 30 days prior to placement of the child in the home.

(1) (Continued)

HANDBOOK BEGINS HERE

(A) Civil Code Section 226.35, in pertinent part, reads as follows:

"(a) No agency shall place a child for adoption unless a written medical report on the child's medical background, and if available, so far as ascertainable, the medical background of the child's biological parents, has been submitted to the prospective adoptive parents and the prospective adoptive parents have acknowledged in writing the receipt of such report.

The report on the child's background shall contain all known diagnostic information, including current medical reports on the child, psychological evaluations, and scholastic information, as well as all known information regarding the child's developmental history and family life.

(b) The department shall adopt regulations specifying the form and content of the report required by this section. In addition to any other material that may be required by the department, the form shall include inquiries designed to elicit information on any illness, disease, or defect of a genetic or hereditary nature."

(B) Agencies that are licensed to complete intercountry adoptions should refer to Section 35211 for additional regulations pertaining to the written report on the assessment of the child that is to be presented to prospective adoptive parents.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; Section 1530, Health and Safety Code; and Sections 226.11 and 226.35(b), Civil Code.

Reference: Sections 226.10, 226.20, 226.23, and 226.35(a), Civil Code.

TRANSMITTAL OF ADOPTEE'S MEDICAL AND PSYCHOSOCIAL BACKGROUND AND FAMILY HISTORY

Instructions for completion:

1. The adoption agency **MUST** delete names and addresses of all persons, including the adoptee and the source, mentioned in any reports prior to releasing the information.
2. If the recipient of this form does not speak/read English, the agency shall inform him/her to obtain a translation.

PROSPECTIVE ADOPTIVE PARENTS' / ADOPTIVE PARENTS' NAME

CHILD'S NAME / CHILD'S ADOPTED NAME

SEX

☐ MALE☐ FEMALE

DOB

CASE NO. / AGENCY I.D.

Based on the adoption agency's investigation, the adoption agency believes the attached information is true and accurate as far as it is aware.

The following reports are attached:

NAME / DATE OF REPORT

The following reports are NOT attached:

NAME

REASON(S) NOT OBTAINED

Additional Comments/Recommendations:

- ☐ In view of the medical background information obtained about the child to be adopted during the agency's investigation, we strongly recommend you seek the advice of a medical or mental health professional of your choice.
- ☐ In view of the information contained in the attached information about the child placed in your home for adoption/about your adopted child/about you, you should consult your physician or mental health professional for further evaluation or interpretation.

Other:

I/We have read the above and am/are acknowledging receipt of this information.

PROSPECTIVE ADOPTIVE PARENT

DATE

PROSPECTIVE ADOPTIVE PARENT

DATE

**INFORMATION ABOUT THE
BIRTH MOTHER**

CHILD'S NAME:		CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:	

INSTRUCTIONS FOR COMPLETION:

- Print clearly - using ink.
- Complete all items. If you don't know the answer to an item, indicate "unknown".
- The AD 67 form is divided into two separate parts. Section I consists of "identifying" information and will be kept confidential. None of this information will be given to your adopted child or his/her adoptive parents unless you have given us written permission to do so. Section II consists of "Nonidentifying" information about your background and health history. California Adoption Law requires that a copy of Section II be given to your child's adoptive parents prior to the final decree of adoption and upon written request of the adoptee when he/she reaches age 18.
- All information requested on this form is required for the completion of your child's adoption.

SECTION I — IDENTIFYING INFORMATION ABOUT BIRTH MOTHER**A. NAME/ADDRESS:**

BIRTHMOTHER'S NAME (FIRST, MIDDLE, LAST)		MAIDEN NAME	OTHER NAMES KNOWN BY
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MO, DAY, YR)	BIRTHPLACE (CITY, STATE, COUNTRY)
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE NUMBER (AREA CODE) NUMBER
PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)*			PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER
RESTRICTIONS FOR USE OF PERMANENT MAILING ADDRESS, IF ANY			

B. BIRTH MOTHER'S PARENTS - (The parents who raised you)

NAME OF BIRTHMOTHER'S MOTHER (FIRST, MIDDLE, LAST)		NAME OF BIRTHMOTHER'S FATHER (FIRST, MIDDLE, LAST)	
ADDRESS	STREET, CITY,	ADDRESS	STREET, CITY,
STATE,	ZIP CODE	STATE,	ZIP CODE
DOES YOUR MOTHER KNOW OF THIS ADOPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		DOES YOUR FATHER KNOW OF THIS ADOPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR MOTHER FOR ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR FATHER FOR ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

C. PATERNITY OF MINOR:

NAME OF CHILD'S BIRTHFATHER (FIRST, MIDDLE, LAST)	PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER
LAST KNOWN ADDRESS (STREET, CITY, STATE, COUNTRY IF OUTSIDE U.S.A.)	

D. MARITAL HISTORY:

1. Are you now married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your husband's name? _____ What is his address? _____ (FIRST, MIDDLE, LAST)	
PRESENT MARRIAGE LICENSE SECURED IN (CITY, COUNTY, STATE)	
PLACE OF MARRIAGE (CITY, COUNTY, STATE)	DATE OF MARRIAGE (MO., DAY, YR.)

* NOTE: It is important that you notify the State Department of Social Services of any changes in your permanent mailing address.

2. Have you had any other marriages? ☐ Yes ☐ No If yes, then answer the following item:

NAME OF FORMER SPOUSE	WHERE MARRIAGE LICENSE ISSUED	DATE & PLACE OF MARRIAGE	DATE & PLACE OF DIVORCE	IF SPOUSE IS DECEASED, INDICATE DATE & PLACE OF DEATH	NO. OF CHILDREN BORN OF THE MARRIAGE
1.					
2.					
3.					

E. OTHER CHILDREN:

Do you have other children in addition to the child being adopted? ☐ Yes ☐ No
If Yes, complete the following item.

NAME OF CHILD	SEX		CHECK (✓) IF BLOOD RELATED TO ADOPTEE		CHILD'S DATE OF BIRTH	WHO IS TAKING CARE OF THIS CHILD? (Specify caretaker's relation to child)
	M	F	FULL	HALF		
1.						
2.						
3.						
4.						

F. NATIVE AMERICAN ANCESTRY:

Are you, either of your parents or any other relatives an American Indian? ☐ Yes ☐ No
If Yes, indicate the tribe's name, location and degree of Indian blood, if known.

G. PSYCHOLOGICAL COUNSELING:

Have you ever gone to a psychologist, psychiatrist, social worker or other counselor for any emotional or psychological problems you may have had? ☐ Yes ☐ No
If Yes, complete the following items.

DATE(S) AND REASONS FOR CARE:

NAME OF THERAPIST AND/OR AGENCY THAT PROVIDED CARE:

LOCATION:

INDICATE MEDICATIONS PRESCRIBED DURING YOUR CARE:

REASON FOR DISCONTINUANCE IF NO LONGER UNDER TREATMENT:

H. ADOPTION QUESTIONS: (For Independent Adoptions Only)

Do you have your own attorney (lawyer) for this adoption? ☐ Yes ☐ No

Is your attorney also the attorney for the adopting parents? ☐ Yes ☐ No ☐ Unknown

Who paid the expenses for this pregnancy, prenatal care, delivery and other expenses? _____

How much did they pay? _____ (if unknown, please indicate this).

California Adoption Law states that birthparents who place a child for adoption are entitled to obtain all of the following information about the prospective adoptive parents: their full legal names; age; religion; race or ethnicity; employment; whether other persons live in their home; any health conditions that may shorten their life expectancy, or curtail their normal daily activities; and their general area of residence, or if requested, their address.

Do you have at least this information about the adopting parents? ☐ Yes ☐ No

What additional information do you want or need about the adopting parents? _____

Have you met the adopting parents? ☐ Yes ☐ No

If Yes, how well acquainted are you with them? _____

SIGNATURE OF BIRTH MOTHER

DATE FORM COMPLETED

The above information was provided by: (Check applicable box)

☐ Birthmother ☐ Birthfather ☐ Other (explain) _____

CHILD'S NAME:

CASE NUMBER:

CASE WORKER'S NAME:

AGENCY'S NAME:

SECTION II — NON IDENTIFYING INFORMATION ABOUT BIRTH MOTHER

This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible.

PART I — CHARACTERISTICS OF BIRTHMOTHER AT TIME OF ADOPTEE'S BIRTH**A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:**

HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY) <input type="checkbox"/> FINE <input type="checkbox"/> MEDIUM <input type="checkbox"/> COARSE <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY <input type="checkbox"/> CURLY <input type="checkbox"/> BALDING	
Birthdate	Birthplace	BLOOD TYPE	RH FACTOR	BODY TYPE <input type="checkbox"/> SMALL BONED <input type="checkbox"/> MEDIUM BONED <input type="checkbox"/> LARGE BONED	ARE YOU RIGHT HANDED? <input type="checkbox"/> LEFT HANDED? <input type="checkbox"/>	

Race/Ethnic Group☐ White ☐ Hispanic ☐ Filipino ☐ Black ☐ Asian or Pacific Islander☐ American Indian or Alaskan Native ☐ Other (Specify) _____

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known)

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN, ETC.)

DESCRIBE ANY DISTINGUISHABLE PHYSICAL FEATURES (I.E., BIRTHMARKS, ETC.)

B. EDUCATION:

LAST GRADE COMPLETED	PRESENTLY IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	USUAL GRADES IN SCHOOL	OTHER TRAINING
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EXTRA CURRICULAR ACTIVITIES

SUBJECTS INTERESTED IN

C. OCCUPATION:

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION
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WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE: TO BE A TEACHER, WELDER, SALES CLERK)

D. PERSONALITY:

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACTIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

E. ADOPTION QUESTIONS

Religion:

What Religion are you? _____

ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN?

☐ YES ☐ NO

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE RAISED? _____

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEEES MOST OFTEN ASK ADOPTION AGENCIES.)

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOPMENT BEFORE PLACEMENT.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

F. BIRTH MOTHER'S MENSTRUAL HISTORY AND PREGNANCY HISTORY OF CHILD:

1. MENSTRUAL HISTORY	HOW OLD WERE YOU WHEN YOU BEGAN TO MENSTRUATE?	WHAT IS THE USUAL LENGTH OF YOUR PERIOD?	ARE YOU REGULAR?	NO. OF DAYS IN CYCLE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY PROBLEMS WITH YOUR PERIODS?			WERE YOU A "DES BABY"?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

2. THIS PREGNANCY:	NAME AND ADDRESS OF OBSTETRICIAN WHO PROVIDED YOU WITH PRENATAL CARE				
	NAME OF OBSTETRICIAN	ADDRESS	STREET	CITY	STATE ZIP CODE
WHEN DID PRENATAL CARE BEGIN?	WHAT WAS YOUR AGE WHEN YOU BECAME PREGNANT?	NUMBER OF WEEKS OF THIS PREGNANCY?	TYPE OF BIRTH		
			<input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> IF MULTIPLE, HOW MANY?		
COMPLICATIONS DURING THIS PREGNANCY?			HAVE YOU GIVEN BIRTH TO ANY OTHER CHILDREN?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MANY?		

3. CONDITIONS DURING THIS PREGNANCY	GERMAN MEASLES	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEXUALLY TRANSMITTED DISEASES	VIRUS (e.g., flu)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	INFECTIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HERPES <input type="checkbox"/> GONORRHEA <input type="checkbox"/> SYPHILIS	ACCIDENTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> GENITAL WARTS		

IF YES TO ANY OF THE ABOVE, SPECIFY TYPE OF CONDITION(S), DATE(S) AND TYPE OF TREATMENT

4. DRUGS TAKEN DURING, AND WITHIN ONE YEAR PRIOR TO, THIS PREGNANCY:

a. Prescription Drugs: (Give name(s))	TAKEN DURING THIS PREGNANCY (Check <input checked="" type="checkbox"/> under appropriate column)		TAKEN WITHIN ONE YEAR PRIOR TO PREGNANCY		WHEN?	HOW OFTEN?	AMOUNT?
	YES	NO	YES	NO			
1.							
2.							
3.							
4.							
b. Nonprescription Drugs, including aspirin, nosedrops, etc.:							
1.							
2.							
3.							
4.							
c. Alcohol and other substances:							
1. Alcohol (wine, beer, etc.)							
2. Amphetamines (uppers)							
3. Barbiturates (downers)							
4. Tobacco							
5. Cocaine							
6. Crack							
7. Heroin							
8. LSD							
9. PCP							
10. Marijuana							
11. Other (specify)							
Have you ever been an IV drug user?	<input type="checkbox"/> YES	<input type="checkbox"/> NO					

G. PERSONAL HEALTH HISTORY:

DESCRIBE YOUR GENERAL HEALTH

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES: ☐ RUBELLA (3 DAY) ☐ MUMPS ☐ WHOOPING COUGH ☐ HAYFEVER ☐ EAR INFECTIONS ☐ RHEUMATIC FEVER
☐ RUBEOLA (2 WEEK) ☐ CHICKEN POX ☐ ROSEOLA ☐ ENCEPHALITIS ☐ HEART MURMUR ☐ URINARY/BLADDER INFECTIONS
☐ ASTHMA ☐ MENINGITIS ☐ SCARLET FEVER ☐ OTHER (Specify)

ANY MAJOR SURGERY?

☐ YES ☐ NO IF YES, FOR WHAT CONDITIONS/and when?

ARE YOU A

☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIRTH

ARE YOU AN

☐ IDENTICAL OR ☐ FRATERNAL TWIN

H. FAMILY HISTORY:

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☐ NO IF YES, PLEASE TELL WHO

	YOUR BIOLOGICAL FATHER		YOUR BIOLOGICAL MOTHER	
Current age				
If deceased, age at death				
Cause of death				
Height & Weight.....	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Hair color and texture				
Eye color				
Skin color.....				
Left or right handed				
Outstanding features				
Education completed.....				
Occupation				
Race/Ethnic Group	<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> AMERICAN NATIVE OR ALASKAN NATIVE		<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> AMERICAN NATIVE OR ALASKAN NATIVE	
Nationality.....				
Religion				
Was this parent aware of your pregnancy?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How many brothers or sisters did she/he have?				
If any of your aunts or uncles have died, give age at death and cause of death.....				
	YOUR FATHER'S PARENTS		YOUR MOTHER'S PARENTS	
	FATHER	MOTHER	FATHER	MOTHER
Age				
If deceased, age at death and cause of death.....				
Describe physical appearance				
Height & Weight.....	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Outstanding features				
Education completed.....				
Current or former occupation				
Was he/she aware of your pregnancy?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

G. FAMILY HISTORY: (CONTINUED)
YOUR BROTHERS AND SISTERS
(If you have more than 4 siblings, please use additional paper)

	1		2		3		4	
Sex (Male or Female)								
Age								
If deceased, age at death and cause								
Full or half sibling to you?	<input type="checkbox"/> FULL <input type="checkbox"/> HALF		<input type="checkbox"/> FULL <input type="checkbox"/> HALF		<input type="checkbox"/> FULL <input type="checkbox"/> HALF		<input type="checkbox"/> FULL <input type="checkbox"/> HALF	
Height & Weight	HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Hair color and texture								
Eye color								
Skin color								
Hobbies and talents								
Last grade completed								
Presently in school?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Occupation								
Aware of Pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Marital status								
Number of children they have								
Health of their children								

YOUR OTHER CHILDREN
(If you have more than 4 children, please use additional paper)

	CHILD #1		CHILD #2		CHILD #3		CHILD #4	
Indicate if son or daughter								
Birthdate or age								
Is this child a full or half sibling to the adoptee?	<input type="checkbox"/> FULL <input type="checkbox"/> HALF		<input type="checkbox"/> FULL <input type="checkbox"/> HALF		<input type="checkbox"/> FULL <input type="checkbox"/> HALF		<input type="checkbox"/> FULL <input type="checkbox"/> HALF	
If deceased, age at death								
Cause of death								
Height & Weight	HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Hair color and texture								
Eye color								
Skin color								
Left or right handed								
Grade in school								
Does this child live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hobbies and talents								
General health								
Major surgery								
Health problems								
Was this child aware of your pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e. Your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

MEDICAL CONDITION	NO	Not Known	YES Self	YES-RELATIVE (Specify relationship)	COMMENTS
A. CONGENITAL IMPAIRMENTS					
1. Club foot or any orthopedic problem (i.e., flat footed, etc.)					
2. Harelip (cleft lip) or cleft palate					
3. Downs Syndrome					
4. Other chromosome abnormality					
5. Hydrocephalus					
6. Muscular dystrophy					Parts of body involved? Age at onset?
7. Dwarfism					
8. Spina bifida					
9. Congenital heart defect					
10. Sickie Cell Anemia					
11. Tay-Sachs disease					
B. ALLERGIES					To what allergies? What treatment or medication?
1. Eczema or other skin condition					
2. Hay fever or other allergy					
3. Drug allergy					To what drugs?
4. Food allergy					To what foods?
C. EYE, DENTAL, EAR, AND DEVELOPMENTAL DISORDERS					
1. Blindness, glaucoma, color blindness or other visual problems					
2. Corrective glasses or contact lenses					At what age were prescription lenses necessary?
Farsighted <input type="checkbox"/>					
Nearsighted <input type="checkbox"/>					
Astigmatism (inability to focus) <input type="checkbox"/>					
Strabismus (crosseye) <input type="checkbox"/>					
Other (explain) <input type="checkbox"/>					
3. Braces on teeth or other orthodontia work					If so, what orthodontic work and for how long?

3. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (CONTINUED)

MEDICAL CONDITION	NO	Not Known	YES Self	YES-RELATIVE (Specify relationship)	COMMENTS
4. Deafness or other ear problems					Special education? If "Yes", indicate age at onset.
5. Speech problems					
6. Learning disability					
7. Retardation: mental or physical					Any diagnosis? Hospitalization?
D. CIRCULATORY DISORDERS					
1. Hemophilia					
2. Sickle cell anemia or trait					
3. Hypertension (high blood pressure)					Age at onset? What treatment? Hospitalization?
4. Stroke					
5. Heart attack (coronary)					
6. Arthritis					What kind? Age at onset? What part of body?
7. Kidney disease					Age at onset? What treatment?
E. HORMONAL DISORDERS					Age at onset? What treatment?
1. Diabetes					
2. Thyroid disorder					
3. Obesity (overweight)					
F. RESPIRATORY DISORDERS					Any (known) cause? What treatment?
1. Asthma					
2. Emphysema					Age at onset?
3. Tuberculosis					Age at onset? What kind? What part of body?
G. MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
1. Diagnosed schizophrenia					
2. Diagnosed manic depressive					
3. Other mental illness. Describe, using additional page, if necessary					
4. Alcoholism or heavy drinking					
5. Drug usage					Kind, amount, and when taken?

I. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (CONTINUED)

MEDICAL CONDITION	NO	Not Known	YES Self	YES-RELATIVE (Specify relationship)	COMMENTS
H. LYMPHATIC DISORDERS					What kind? Age at onset? What part of body?
1. Cancer					
2. Tumors					
3. Cystic fibrosis					
4. Hodgkins disease					
I. NERVOUS SYSTEM DISORDERS					Parts of body involved? Age at onset?
1. Multiple sclerosis					
2. Huntington's disease					
3. Cerebral palsy					
4. Seizures or convulsions					Age at onset? What treatment? Frequency?
5. Epilepsy					
J. INFECTION, HOSPITALIZATION					Diagnosis?
1. Repeated attacks of fever with known infection					
2. Repeated severe infection necessitating hospitalization					
3. Hospitalization, operation, or injury					What for? When?
K. OTHER MEDICAL OR HEALTH PROBLEMS					

INFORMATION ABOUT THE BIRTH FATHER

CHILD'S NAME:	CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:

INSTRUCTIONS FOR COMPLETION:

- Print clearly - using ink.
- Complete all items. If you don't know the answer to an item, indicate "unknown".
- The AD 67A form is divided into two separate parts. Section I consists of "identifying" information and will be kept confidential. None of this information will be given to your adopted child or his/her adoptive parents unless you have given us written permission to do so. Section II consists of "Nonidentifying" information about your background and health history. California Adoption Law requires that a copy of Section II be given to your child's adoptive parents prior to the final decree of adoption and upon written request of the adoptee when he/she reaches age 18.
- All information requested on this form is required for the completion of your child's adoption.

SECTION I — IDENTIFYING INFORMATION ABOUT BIRTHFATHER

A. NAME/ADDRESS:

BIRTHFATHER'S NAME (FIRST, MIDDLE, LAST)			OTHER NAMES KNOWN BY	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MO, DAY, YR)	BIRTHPLACE (CITY, STATE, COUNTRY)	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER (AREA CODE) NUMBER
PERMANENT MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) *				PERMANENT TELEPHONE NUMBER (AREA CODE) NUMBER
RESTRICTIONS FOR USE OF PERMANENT MAILING ADDRESS, IF ANY				

B. BIRTH FATHER'S PARENTS

NAME OF BIRTHFATHER'S MOTHER (FIRST, MIDDLE, LAST)			NAME OF BIRTHFATHER'S FATHER (FIRST, MIDDLE, LAST)		
ADDRESS	STREET,	CITY,	ADDRESS	STREET,	CITY,
STATE,	ZIP CODE		STATE,	ZIP CODE	
DOES YOUR MOTHER KNOW ABOUT THIS ADOPTION?			DOES YOUR FATHER KNOW ABOUT THIS ADOPTION?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR MOTHER FOR ASSISTANCE?			IF IN THE FUTURE WE NEED TO LOCATE YOU, MAY WE CONTACT YOUR FATHER FOR ASSISTANCE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		

C. PATERNITY OF MINOR:

Have you and the child's birthmother ever been married? ☐ Yes ☐ No

If Yes, date and place of marriage: _____

If divorced, date and place of divorce: _____

Have you and the child's birthmother ever attempted to marry? ☐ Yes ☐ No

If Yes, explain. _____

Are you currently married to the birthmother? ☐ Yes ☐ No

D. OTHER CHILDREN:

Do you have other children in addition to the child being adopted? ☐ Yes ☐ No

If Yes, complete the following item.

NAME OF CHILD	SEX		CHECK (✓) IF BLOOD RELATED TO ADOPTEE		CHILD'S DATE OF BIRTH	WHO IS TAKING CARE OF THIS CHILD? (Specify caretaker's relation to child)
	M	F	FULL	HALF		
1.						
2.						
3.						
4.						

* NOTE: It is important that you notify the State Department of Social Services of any changes in your permanent mailing address.

E. NATIVE AMERICAN ANCESTRY:

Are you, either of your parents or any other relatives an American Indian? ☐ Yes ☐ No

If Yes, indicate the tribe's name and location and degree of Indian blood, (if known). _____

F. PSYCHOLOGICAL COUNSELING:

Have you ever gone to a psychologist, psychiatrist, social worker or other counselor for any emotional or psychological problems you may have had? ☐ Yes ☐ No

If Yes, complete the following items.

DATE(S) AND REASONS FOR CARE: _____

NAME OF THERAPIST AND/OR AGENCY THAT PROVIDED CARE: _____

LOCATION: _____

INDICATE MEDICATIONS PRESCRIBED DURING YOUR CARE: _____

REASON FOR DISCONTINUANCE IF NO LONGER UNDER TREATMENT: _____

G. ADOPTION QUESTIONS: (For Independent Adoptions Only)

1. Do you have your own attorney (lawyer) during this adoption? ☐ Yes ☐ No

2. Is your attorney also the attorney for the adopting parents? ☐ Yes ☐ No ☐ Unknown

3. Who paid the expenses for this pregnancy, prenatal care, delivery and other expenses? _____

4. How much did they pay? (Please indicate if unknown) _____

5. California Adoption Law states that birthparents who place a child for adoption are entitled to obtain all of the following information about the prospective adoptive parents: their full legal name; age; religion; race or ethnicity; employment; whether other persons live in their home; any health conditions that may shorten their life expectancy, or curtail their normal daily activities; and their general area of residence, or if requested, their address.

6. Do you have at least this information about the adopting parents? ☐ Yes ☐ No

7. What additional information do you want or need about the adopting parents? _____

8. Have you met the adopting parents? ☐ Yes ☐ No

9. If Yes, how well acquainted are you with them? _____

SIGNATURE OF BIRTH FATHER _____

DATE FORM COMPLETED _____

The above information was provided by: (Check applicable box)

☐ Birthmother ☐ Birthfather ☐ Other (explain) _____

CHILD'S NAME:	CASE NUMBER:
CASE WORKER'S NAME:	AGENCY'S NAME:

SECTION II — NON IDENTIFYING INFORMATION ABOUT BIRTHFATHER
 This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible.

PART I — CHARACTERISTICS OF BIRTHFATHER AT TIME OF ADOPTEE'S BIRTH

A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:

BIRTHPLACE	HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY) <input type="checkbox"/> FINE <input type="checkbox"/> MEDIUM <input type="checkbox"/> COARSE <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY <input type="checkbox"/> CURLY <input type="checkbox"/> BALDING
BIRTHDATE	BLOOD TYPE	RH Factor	BODY TYPE <input type="checkbox"/> SMALL BONED <input type="checkbox"/> MEDIUM BONED <input type="checkbox"/> LARGE BONED			ARE YOU RIGHT HANDED? <input type="checkbox"/>

Race/Ethnic Group

☐ White ☐ Hispanic ☐ Filipino ☐ Black ☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native ☐ Other _____

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (*if known*) _____

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN)

DESCRIBE ANY DISTINGUISHABLE PHYSICAL FEATURES (I.E., BIRTHMARKS, ETC.)

B. EDUCATION:

LAST GRADE COMPLETED	PRESENTLY IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	USUAL GRADES IN SCHOOL	OTHER TRAINING
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EXTRA CURRICULAR ACTIVITIES

SUBJECTS INTERESTED IN

C. OCCUPATION:

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION?
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WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE, TO BE A TEACHER, WELDER, SALES CLERK)

D. PERSONALITY:

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACTIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

E. ADOPTION QUESTIONS:

1 WHAT IS YOUR RELIGION?

2 ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN?

☐ YES ☐ NO

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE RAISED?

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEEES MOST OFTEN ASK ADOPTION AGENCIES)

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOPMENT BEFORE PLACEMENT.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

F. PERSONAL HEALTH HISTORY:

DESCRIBE YOUR GENERAL HEALTH

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES: RUBELLA (3 DAY) ☐

MUMPS ☐

ROSEOLA ☐

RUBEOLA (2 WEEKS) ☐

CHICKENPOX ☐

ASTHMA ☐

OTHER (specify) ☐

WHOOPIING COUGH ☐

HAY FEVER ☐

EAR INFECTIONS ☐

RHEUMATIC FEVER ☐

ENCEPHALITIS ☐

HEART MURMUR ☐

URINARY TRACT INFECTION ☐

MENINGITIS ☐

SCARLET FEVER ☐

ANY MAJOR SURGERY?

ARE YOU A

ARE YOU AN

DID YOU USE ALCOHOL, TOBACCO OR OTHER DRUG SUBSTANCES PRIOR TO THE CHILD'S CONCEPTION?

G. FAMILY HISTORY:

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES

☐ NO

IF YES, PLEASE TELL WHO

	YOUR BIOLOGICAL FATHER		YOUR BIOLOGICAL MOTHER	
Current age				
If deceased, age at death				
Cause of death				
Height & Weight	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Hair color and texture				
Eye color				
Skin color				
Left or right handed				
Outstanding features				
Education completed				
Occupation				
Race/Ethnicity	<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER		<input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER	
Nationality				
Religion				
Was this parent aware of the pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How many brothers or sisters did she/he have?				
If any of your aunts or uncles have died, give age at death and cause of death				
	YOUR FATHER'S PARENTS		YOUR MOTHER'S PARENTS	
	FATHER	MOTHER	FATHER	MOTHER
Age				
If deceased, age at death and cause of death				
Describe physical appearance				
Height & Weight	HEIGHT	WEIGHT	HEIGHT	WEIGHT
Outstanding features				
Education completed				
Current or former occupation				
Was he/she aware of the pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

G. FAMILY HISTORY: (CONTINUED)

YOUR BROTHERS AND SISTERS

(If you have more than 4 siblings, please use additional paper)

	1	2	3	4
Sex (Male or Female)				
Age				
If deceased, age at death and cause				
Full or half sibling to you?	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF
Height & Weight	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture				
Eye color				
Skin color				
Hobbies and talents				
Last grade completed				
Presently in school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation				
Aware of Pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Marital status				
Number of children they have				
Health of their children				

YOUR OTHER CHILDREN

(If you have more than 4 children, please use additional paper)

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
Indicate if son or daughter				
Birthdate or age				
Is this child a full or half sibling to the adoptee?	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF	<input type="checkbox"/> FULL <input type="checkbox"/> HALF
If deceased, age at death				
Cause of death				
Height & Weight	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT	HEIGHT WEIGHT
Hair color and texture				
Eye color				
Skin color				
Left or right handed				
Grade in school				
Does this child live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hobbies and talents				
General health				
Major surgery				
Health problems				
Was this child aware of the pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
A. CONGENITAL IMPAIRMENTS					
1. Club foot or any orthopedic problem (i.e., flat footed, etc.)					
2. Harelip (cleft lip) or cleft palate					
3. Downs Syndrome					
4. Other Chromosome abnormality					
5. Hydrocephalus					
6. Muscular dystrophy					Parts of body involved? Age at onset?
7. Dwarfism					
8. Spina bifida					
9. Congenital heart defect					
10. Sickle Cell Anemia					
11. Tay-Sachs disease					
B. ALLERGIES					
1. Eczema or other skin condition					Any cause known? What treatment? What medication?
2. Hay fever or other allergy					
3. Drug allergy					To what drugs?
4. Food allergy					To what Foods?
C. EYE, DENTAL, EAR, AND DEVELOPMENTAL DISORDERS					
1. Blindness, glaucoma, color blindness or other visual problems					
2. Corrective glasses or contact lenses					At what age were prescription lenses necessary?
Nearsighted <input type="checkbox"/>					
Farsighted <input type="checkbox"/>					
Astigmatism (inability to focus) <input type="checkbox"/>					
Strabismus (crosseye) <input type="checkbox"/>					
Other (explain) <input type="checkbox"/>					
3. Braces on teeth or other orthodontia work					If so, what orthodontic work and for how long?

H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
4. Deafness or other ear problems					Special education? If "Yes", indicate age at onset.
5. Speech problems					
6. Learning disability					Any diagnosis? Hospitalization?
7. Retardation: mental or physical					
D. CIRCULATORY DISORDERS					
1. Hemophilia					
2. Sickle cell anemia or trait					
3. Hypertension (high blood pressure)					Age at onset? What treatment? Hospitalization?
4. Stroke					
5. Heart attack (coronary)					
6. Arthritis					What kind? Age at onset? What part of body?
7. Kidney disease					Age at onset? What treatment?
E. HORMONAL DISORDERS					Age at onset? What treatment?
1. Diabetes					
2. Thyroid disorder					
3. Obesity (overweight)					
F. RESPIRATORY DISORDERS					Any cause known? What treatment?
1. Asthma					
2. Emphysema					Age at onset?
3. Tuberculosis					Age at onset? What kind? What part of body?
G. MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
1. Diagnosed schizophrenia					
2. Diagnosed manic depressive					
3. Other mental illness. Describe, using additional page, if necessary					
4. Alcoholism or heavy drinking					
5. Drug usage					Kind, amount, and when taken?

H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify relationship)	COMMENTS
H. LYMPHATIC DISORDERS					What kind? Age at onset? What part of body?
1. Cancer					
2. Tumors					
3. Cystic fibrosis					
4. Hodgkins disease					
I. NERVOUS SYSTEM DISORDERS					Parts of body involved? Age at onset?
1. Multiple sclerosis					
2. Huntington's disease					
3. Cerebral palsy					
4. Seizures or convulsions					Age at onset? What treatment? Frequency?
5. Epilepsy					
J. INFECTION, HOSPITALIZATION					Diagnosis?
1. Repeated attacks of fever with known infection					
2. Repeated severe infection necessitating hospitalization					
3. Hospitalization, operation, or injury					What for? When?
K. OTHER MEDICAL OR HEALTH PROBLEMS					

AUTHORIZATION FOR RELEASE OF INFORMATION

TO ANY PHYSICIAN, HOSPITAL, OR CLINIC;
SOCIAL AGENCY

ok to print

RE:

The requested information is necessary in a study conducted by _____
(name of agency)
of a proposed adoption. This authorization is in effect for 12 months from the date signed below.

All nonidentifying information obtained from you will be given to the prospective adoptive parents prior to the finalization of the adoption. After finalization of the adoption, all nonidentifying information obtained from you will be given to the adoptive parents of an adoptee under the age of 18 years or to the adult adoptee upon the parents' or adoptee's written request.

No identifying information obtained from you will be disclosed to the adoptive parents or the adult adoptee unless permitted by law.

By signing this form, authority is given to

☐ STATE DEPARTMENT OF SOCIAL SERVICES

☐ PETITIONERS _____
(specify name of petitioners)

☐ OTHER _____
(specify name of other agency)

to receive any information in your files concerning the undersigned and (if applicable) the above-named child, including both medical and social history and the result of any tests or examinations which have been given. This is to include psychiatric, psychological and chemical dependency records.

If applicable, relationship of person(s) authorizing release of information to the subject child: _____

Signature of Person(s)
Authorizing Release of
Information

Date: _____

PSYCHOSOCIAL AND MEDICAL HISTORY OF CHILD

CHILD'S ADOPTED NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MO., DATE, YR)
RACE/ETHNICITY	SPECIFIC NATIONALITY	RELIGIOUS UPBRINGING (IF REQUESTED)	
PLACE OF BIRTH	ATTENDING PHYSICIAN	PEDIATRICIAN	

A. CIRCUMSTANCES OF DELIVERY

TYPE OF DELIVERY <input type="checkbox"/> SPONTANEOUS <input type="checkbox"/> BREECH <input type="checkbox"/> NORMAL <input type="checkbox"/> FORCEP <input type="checkbox"/> CAESAREAN	LABOR DURATION	PREMATURE <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED GESTATION AGE AT BIRTH (NUMBER OF WEEKS)
WEIGHT AT BIRTH ____ LBS ____ OZ ____ GRAMS	MEASUREMENTS AT BIRTH LENGTH ____ IN HEAD ____ IN CHEST ____ IN ABDOMEN ____ IN ____ CM ____ CM ____ CM ____ CM		PKU DONE <input type="checkbox"/> YES RESULTS: <input type="checkbox"/> NO
			CIRCUMCISION PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO

APGAR TEST RESULTS

SIGN	0	1	2	1 MIN.	5 MIN.	10 MIN.	IDENTIFY MEDICATIONS GIVEN TO:
Heartrate	Absent	Slow (less than 100)	More than 100				Birthmother:
Respiratory effort	Absent	Slow irregular	Good cry				
Muscle tone	Limp	Some flexion of extremities	Active				Infant:
Reflex irritability Response to skin stimulation of feet	No response	Some Motion	Cry				
Color	Blue, pale	Body pink Extremities blue	Completely pink				
TOTAL SCORE							

COMPLICATIONS OF BIRTH - describe any birth injury to child; presence of any illness, disease or defect of a genetic or hereditary nature; fetal distress and any circumstances of delivery, if other than normal.

CHECK (✓) ANY OF THE FOLLOWING CONDITIONS THAT ARE/WERE PRESENT:

Bleeding Tendencies	Fetal Distress	Tremor
Convulsions	Jaundice	Vomiting
Cyanosis (a bluish coloration of the skin)	Pallor (unnatural paleness)	Other
Diarrhea		

Was the child checked for drugs at birth? ☐ Yes ☐ No ☐ Record unclear

If Yes, were any drugs present? ☐ Yes ☐ No

If Yes, which drugs were present?

BREAST FED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW LONG?	NAME OF FORMULA
NOTES:		

B. POST BIRTH MEDICAL CARE (to be completed if child not placed at birth)

1. PRESENT AND PAST SOURCES OF MEDICAL CARE

2. DESCRIBE ANY PHYSICAL DEFECTS OR EARLY CHILDHOOD ILLNESSES PRIOR TO THE CHILD'S 2ND BIRTHDAY.

3. IMMUNIZATION HISTORY AND DATES

Diphtheria

Pertussis

Tetanus

Measles

Mumps

Rubella

Polio

Meningitis (HbCV)

Other

OTHER TESTS AND DATES

TB

CHILD TWO YEARS OLD OR OVER

4. CHILDHOOD ILLNESSES (CHECK ANY OF THE FOLLOWING CHILD HAS HAD AND THE APPROXIMATE DATE(S))

Whooping Cough	Measles	Scarlet Fever
Chickenpox	Mumps	Tonsillitis
Diphtheria	Pneumonia	Tuberculosis
German Measles	Rheumatic Fever	Allergies (Specify)

Other illnesses and injuries including illnesses, diseases and defects of a genetic or hereditary nature - *specify and give dates*

5.

INDICATIONS OF ABUSE OR NEGLECT

Give date(s) and circumstances and by whom, e.g., father, mother, etc.

Hospitalizations - *specify and give dates*

Comments:

6.

DEVELOPMENTAL AND BEHAVIORAL HISTORY

Describe developmental and behavioral history. Specify sources and dates, and attach copies of documentation. If more space is needed, please attach additional sheets of paper.

7.

PSYCHOSOCIAL AND SCHOLASTIC HISTORY

Psychological Evaluation (*and/or evidence of emotional or behavior problem*). Be specific as to type of evaluations, dates and by whom received. Attach copies of reports and name reports below.

A.

- 1.
- 2.
- 3.

Scholastic Information (*if appropriate*) and Evaluations. Give sources and dates, attach copies.

B.

C. Family Life Experiences prior to adoptive placement (*include birth parents and/or foster families and source of information*).

PSYCHOSOCIAL AND SCHOLASTIC HISTORY (CONTINUED)

D. Special Needs Designation and Basis:

E. Child's Readiness and Willingness to be Adopted:

The following reports are attached, and are a part of this report:

- 1.
- 2.
- 3.
- 4.

The adopting parent(s) have been provided with all available medical, psychological, and social background information the department or agency has concerning the above named child.

ADOPTIONS CASE WORKER

DATE

I/we the undersigned parent(s) state that I/we have in my/our possession all the above listed medical, psychological and social information concerning my/our adoptive child.

ADOPTIVE MOTHER

DATE

ADOPTIVE FATHER

DATE

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 403 (REV. 2-91)

AGENCY

State Department of Social Services

AGENCY FILE NUMBER (if any)

RDB#0892-30

OAL FILE
NUMBERSNOTICE FILE NUMBER
#3-92-1020-06

REGULATORY ACTION NUMBER

93-0204-04C

EMERGENCY NUMBER

#92-0930-03E

PREVIOUS REGULATORY ACTION NUMBER

For use by Office of Administrative Law (OAL) only

1993 FEB 24 PM 3:42

OFFICE OF
ADMINISTRATIVE LAWENDORSED
APPROVED FOR FILING

MAR 16 1993

Office of Administrative Law
REGULATIONS

NOTICE

FILED

In the office of the Secretary of State
of the State of California

MAR 16 1993

At 3:42 O'clock P. M.
MARCH FONG EU, Secretary of State
By Kathleen J. MacLeod
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE <u>Edwards v. Healy Regulations</u>		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <u>92, #44-2</u>	PUBLICATION DATE <u>10-30-92</u>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S) MPP	ADOPT
SECTIONS AFFECTED	AMEND Section 82-824.12
	REPEAL Section 82-824.13

2. TYPE OF FILING

- ☐ Regular Rulemaking (Gov. Code, § 11346) ☐ Resubmittal ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) ☐ Emergency (Gov. Code, § 11346.1(b))
- ☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

- ☐ Effective 30th day after filing with Secretary of State ☒ Effective on filing with Secretary of State ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☒ Department of Finance (Form STD. 399) ☐ Fair Political Practices Commission ☐ State Fire Marshal

☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Bureau Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

TYPED NAME AND TITLE OF SIGNATORY

Eloise Anderson, Director

DATE

FEB 17 1993

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

- .1 Combining AUs Two or more AUs in the same home shall be combined into one AU when:
 - .11 Marriage A caretaker relative is married to another caretaker relative in another AU, or
 - .12 Child in Common Two caretaker relatives in the home have separate children and also have a child in common.

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 45 CFR 233.90, 45 CFR 237.50(b)(5) SSA-AT-86-01, Section 242, California Civil Code; Sections 10553, 10554, 10604, 11000, and 11450, Welfare and Institutions Code; and Edwards v. Healy, Civ.S. 91-1473 DFL (1992).

NOTICE PUBLICATION REGULATIONS SUBMISSION

STD. 400 (REV. 2-91)

AGENCY

California State Dept. of Social Services

(See instructions on reverse)

ORIGINAL
For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER	AGENCY FILE NUMBER (if any)	PREVIOUS REGULATORY ACTION NUMBER
		93-0219-02N		RDB# 1292-43	

For use by Office of Administrative Law (OAL) only

1993 FEB 19 PM 4:32

ENDORSED
APPROVED FOR FILING
AND PUBLICATION

APR - 2 1993

Office of Administrative Law
REGULATIONS

NOTICE

FILED

In the office of the Secretary of State
of the State of California

APR 02 1993

At 3:45 O'clock P.M.

MARCH FONG EU, Secretary of State

Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE GAIN Ancillary Expenses		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S)	ADOPT
MPP	
SECTIONS AFFECTED	AMEND 42-750 REPEAL

2. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)
 ☐ Resubmittal
 ☒ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
 ☐ Emergency (Gov. Code, § 11346.1(b))

☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only
 ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☐ Effective 30th day after filing with Secretary of State
 ☒ Effective on filing with Secretary of State
 ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☐ Department of Finance (Form STD. 399)
 ☐ Fair Political Practices Commission
 ☐ State Fire Marshal

☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Bureau Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

TYPED NAME AND TITLE OF SIGNATORY

Eloise Anderson, Director

DATE

FEB 17 1993

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

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ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Amend Section 42-750.5 to read:

42-750 SUPPORTIVE SERVICES

42-750

.1 through .4 (Continued)

- .5 Ancillary expenses shall be paid when necessary up to a maximum of \$450 per
to participate in approved GAIN activities or to accept employment
opportunities. These expenses shall include books, tools, clothing, fees,
and other necessary costs of a work, education or training assignment.

*151 The maximum in 15 above may only be exceeded on an exception basis
where the CWP determines that expenses in excess of the maximum are
reasonable and necessary for participation. (Continued)*

Memorandum

To : March Fong Eu
Secretary of State
1230 J Street
Sacramento, CA 95814

Date : April 5, 1993

Subject: RDB #0293-03
Personal Care
Services Program
(PCSP)

From : **Department of Social Services**
744 P Street, Sacramento, CA 95814

In accordance with the provisions of Section 8 of Assembly Bill 1773 (Chapter 939, Statutes of 1992) and AB 5, Chapter 7, Statutes of 1993, the attached emergency regulation filing order for the Personal Care Services Program (PCSP), RDB #0293-03, is being submitted directly to your office for filing. The Department of Social Services requests that these regulation amendments become effective April 5, 1993.

If you have any questions or need any further information, please contact me at 657-2586.



Rosalie Clark, Chief
Regulations Development Bureau

Attachment

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 2-91)

AGENCY

State Department of Social Services

AGENCY FILE NUMBER (if any)

RDB #0293-03

OAL FILE
NUMBERS

NOTICE FILE NUMBER

REGULATORY ACTION NUMBER

EMERGENCY NUMBER

PREVIOUS REGULATORY ACTION NUMBER

For use by Office of Administrative Law (OAL) only

NOTICE

REGULATIONS

FILEDIn the office of the Secretary of State
of the State of California

APR 05 1993

At 4:46 O'clock P.M.
MARCH FONG EU, Secretary of State
By *[Signature]*
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Personal Care Program (PCP)		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	
<input type="checkbox"/> Other <input type="checkbox"/> Other					
OAL USE ONLY	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER	PUBLICATION DATE	
	<input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn				

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S)	ADOPT
MPP	30-756 and 30-780
SECTIONS AFFECTED	AMEND
	30-700, 30-753, 30-755, 30-757, 30-758, 30-759, 30-761, 30-763, 30-765, 30-766, 30-768, 30-769
	REPEAL

2. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)
 ☐ Resubmittal
 ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
 ☒ Emergency (Gov. Code, § 11346.1(b))

☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only
 ☒ Other (specify) Exempt from OAL review pursuant to Section 8, AB 1773, Chapter 939, Statutes of 1992, and AB 5, Chapter 7, Statutes

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45) of 1993.

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☐ Effective 30th day after filing with Secretary of State
 ☒ Effective on filing with Secretary of State
 ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399)
 ☐ Fair Political Practices Commission
 ☐ State Fire Marshal

☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

[Signature]

DATE

4/1/93

TYPED NAME AND TITLE OF SIGNATORY

ELOISE ANDERSON, Director

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Amend Section 30-700 to read:

30-700 PROGRAM DEFINITION (Continued)

30-700

- .2 The Personal Care Services Program (PCSP) provides personal care services to eligible Medi-Cal beneficiaries pursuant to Welfare and Institutions Code Section 14132.95 and Title 22, California Code of Regulations, Division 3 and is subject to all other provisions of Medi-Cal statutes and regulations. The program is operated pursuant to Division 30.
- .3 Individuals who qualify for both IHSS and PCSP funding shall be funded by PCSP.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Section 30-753 to read:

30-753 SPECIAL DEFINITIONS

30-753

(a) (1) (Continued)

(2) Administrative activities for PCSP are those activities necessary for the proper and efficient administration of the county PCSP. In addition to all activities listed in Section 30-753(a)(1) as administrative activities for IHSS except Section 30-753(a)(1)(G), the following activities are considered administrative in nature, subject to PCSP funding:

(A) Nursing supervision;

(B) Clerical staff directly supporting nursing supervision of PCSP cases;

(C) Physician certification of medical necessity when such certification is completed by a licensed health care professional who is a county employee;

(D) Provider enrollment certification.

(23) (Continued)

(b) (Continued)

(c) (1) County Plan means the annual plan submitted to the State Department of Social Services specifying ~~the method of IHSS delivery to meet program objectives, conditions, and fiscal limitations~~ how the county will provide IHSS and PCSP.

(d) (1) (Continued)

(2) Designated county department means the department designated by the county board of supervisors to administer the IHSS program.

(23) (Continued)

(e) through (k) (Continued)

(l) (1) (Continued)

(2) Licensed Health Care Professional means a person who is a physician/~~chiropractor, podiatrist or dentist~~ as defined and authorized to practice in this state in accordance with the California Business and Professions Code. (Continued)

- (m) Minor means any person under the age of eighteen who is not emancipated by marriage or other legal action.
- (n) through (r) (Continued)
- (s) (1) Severely Impaired Individual means a recipient with a total assessed need, as specified in Section 30-763.265, for 20 hours or more per week of service in one or more of the following areas:
- (A) Any ~~nonmedical~~ personal care service listed in Section 30-757.14.
(Continued)
- (4) Spouse means a member of a married couple or a person considered to be a member of a married couple for SSI/SSP purposes. For purposes of Section 30-756.11 for determining PCSP eligibility, spouse means legally married under the laws of the state of the couple's permanent home at the time they lived together. (Continued)
- (7) State-mandated program cost means those county costs incurred for the provision of IHSS to recipients, as specified in Section 30-757/1 ~~et seq.~~, in compliance with a state approved county plan. Costs caused by factors beyond county control such as caseload growth and increased hours of service based on individually assessed need, shall also be considered state-mandated. (Continued)

Authority cited: Sections 10553, 10554, and 12301.1, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Sections 10554, 12300(c), 12301, 12304, 12306, 12308, ~~and~~ 13302, 14132.95, 14132.95(e), and 14132.95(f), Welfare and Institutions Code.

Amend Section 30-755 title to read:

30-755 PERSONS SERVED BY THE NON-PCSP IHSS PROGRAM

30-755

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Adopt new Section 30-756 to read:

30-756 NEED

30-756

.1 Staff of the designated county department shall determine the recipient's level of ability and dependence upon verbal or physical assistance by another for each of the functions listed in Section 30-756.2. This assessment shall evaluate the effect of the recipient's physical, cognitive and emotional impairment on functioning. Staff shall quantify the recipient's level of functioning using the following hierarchical five-point scale:

.11 Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his or her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

.12 Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.

.13 Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

.14 Rank 4: Can perform a function but only with substantial human assistance.

.15 Rank 5: Cannot perform the function, with or without human assistance.

.2 Staff of the designated county department shall rank the recipient's functioning in each of the following functions.

(a) Housework;

(b) Laundry;

(c) Shopping and errands;

(d) Meal preparation and cleanup;

(e) Mobility inside;

(f) Bathing and grooming;

(g) Dressing;

(h) Bowel, bladder and menstrual;

- (i) Repositioning;
- (j) Eating;
- (k) Respiration;
- (l) Memory;
- (m) Orientation; and
- (n) Judgment.

.3 Staff of the designated county department shall use the following criteria to support the determination of functional impairment:

- .31 The recipient's diagnosis may provide information to substantiate demonstrated functional impairments, but the recipient's functioning is an evaluation of the recipient's capacity to perform self-care and daily chores.
- .32 Need may be distinct from current practice. The assessment of need shall identify the recipient's capacity to perform functions safely. The assessment of need shall identify the recipient's capacity rather than level of dependence.
- .33 The recipient's needs shall be assessed within his/her environment, considering the mechanical aids or durable medical appliances the recipient uses.
- .34 The scales are hierarchical. The higher the score, the more dependent the recipient is upon another person to perform IHSS services activities.
- .35 Most functions are evaluated on a five-point scale. However, the functions of memory, orientation and judgment contain only three ranks. The function of respiration contains only ranks 1 and 5. These inconsistencies in the ranking patterns exist because differing functional ability in these areas does not result in significantly different need for human assistance.
- .36 The order in which the physical functions are listed in Sections 30-756.2(a) through (k) is hierarchical.

HANDBOOK BEGINS HERE

- .361 In 95 percent of any impaired population, people tend to lose functioning in the inverse order of normal infant development. Therefore, it would be unlikely for a recipient to score higher ranks in the functions listed at the bottom of the list than those at the top. This listing should assist in the assessment process.

HANDBOOK ENDS HERE

.37 Mental functioning shall be evaluated as follows:

.371 The extent to which the recipient's cognitive and emotional impairment (if any) impacts his/her functioning in the 11 physical functions listed in Sections 30-756.2(a) through (k) is ranked in each of those functions. The level and type of human intervention needed shall be reflected in the rank for each function.

.372 The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of memory, orientation and judgment. This scale is used to determine the need for protective supervision.

.4 Notwithstanding Section 30-756.11, staff shall rank a recipient the rank of "1" if the recipient's needs for a particular function are met entirely with paramedical services as described in Section 30-757.19 in lieu of the correlated task.

.41 If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both meal preparation and eating because tube feeding is a paramedical service.

.42 If all the recipient's needs for human assistance in respiration are met with the paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is paramedical service rather than respiration.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 12309, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

Amend Section 30-757 to read:

30-757 PROGRAM CONTENT

30-757

- .1 Only those services specified below shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP. (Continued)

.14 ~~Nonmedical~~ Personal care services, limited to: (Continued)

- (c) Consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves or to drink adequate liquids. (Continued)

- (g) Rubbing of skin to promote circulation, turning in bed and other types of repositioning, assistance on and off seats and wheelchairs, or into and out of vehicles/, and range of motion exercises which shall be limited to the following:

- (1) General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.

- (2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance.

- (A) Such exercises shall include the carrying out of maintenance programs, i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.

- (h) (Continued)

- (i) Care of and assistance with prosthetic devices and assistance with self-administration of medications.

- (1) Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up Medi-sets. (Continued)

.19 Paramedical services, under the following conditions:

.191 The services shall have the following characteristics:
(Continued)

(c) are activities which include the administration of medications, puncturing the skin, or inserting a medical device into a body orifice, activities requiring sterile procedures, or other activities requiring judgment based on training given by a licensed health care professional.
(Continued)

.197 *The authority of the licensed health care professional to order paramedical services and to indicate the time required to perform such services shall not be construed to grant authority to order or to assess the need for other services as specified in 111 through 118 above.*

.198 (Continued)

.199 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047/i and Sections 12300, 12300(c)(7), 12300(f), 12300(g), and 12300.1, Welfare and Institutions Code.

Amend Section 30-758.21 to read:

30-758 TIME PER TASK AND FREQUENCY GUIDELINES (Continued)

30-758

.2 Counties shall have the authority to develop and use time per task and frequency guidelines for other services, except:

.21 ~~nonmedical~~ personal care services, Section 30-757.14. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; and Section 12300, Welfare and Institutions Code.

Amend Sections 30-759.3, .4, and .7 to read:

30-759 APPLICATION PROCESS (Continued)

30-759

- .3 Pending final determination, a person may be considered blind or disabled for purposes of non-PCSP IHSS eligibility under the following conditions:
(Continued)
- .4 In-Home Supportive Services payment shall be made for authorizable services, as specified in Section 30-761.28, received on or after the date of application or of the request for services as provided in Section 30-009.224, if either the recipient or the provider does not qualify for PCSP. If the ineligible recipient/provider becomes eligible for payment under PCSP, payment shall be made from PCSP as soon as administratively feasible in lieu of IHSS. (Continued)
- .7 A written notice of action containing information on the disposition of the request for service shall be sent to the applicant in accordance with MPP Sections 10-116 and 30-763.8.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Sections 30-761.11, .13, .23, and .3 to read:

30-761 NEEDS ASSESSMENT STANDARDS

30-761

- .1 Services shall be authorized only in cases which meet the following condition:
 - .11 The recipient is eligible as specified in Sections 30-755 or 30-780, except that services may be authorized on an interim basis as provided in Section 30-759.3. (Continued)
 - .13 Social services staff of the designated county department ~~social services staff~~ has had a face-to-face contact with the recipient in the recipient's home at least once within the past 12 months, and has determined that ~~he/she~~ the recipient would not be able to remain safely in his/her own home without IHSS. If the face-to-face contact is due but the recipient is absent from the state but still eligible to receive IHSS pursuant to the requirements stated in Section 30-770.4, Residency, the face-to-face requirement is suspended until such time as the recipient returns to the state. (Continued)
- .2 Needs Assessments (Continued)
 - .23 The designated county ~~welfare~~ department shall not delegate the responsibility to do needs assessments to any other agency or organization. (Continued)
- .3 IHSS staff shall be staff of a designated county department.
 - .31 Classification of IHSS assessment workers shall be at the discretion of the county.
 - .32 IHSS assessment workers shall be trained in the uniformity assessment system.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

Amend Section 30-763 to read:

30-763 NEEDS ASSESSMENT PROCESS SERVICE AUTHORIZATION

30-763

- 11 The needs assessment process consists of four steps:
 - 111 determination of the total need for IHSS services/
 - 112 identification of available alternative resources/
 - 113 determination of services which shall be purchased by IHSS/ and
 - 114 notification of recipient/
- 12 Determination of the total need for IHSS services/
- .21 Services staff shall review the list of services available through IHSS/ as specified in Section 30-757 and as modified by the county plan specified in Section 30-756.11 and shall eliminate from consideration as needs those services which the recipient can perform/ consistent with Section 30-757.14/ and those other services which are clearly not needed or are inappropriate/ determine the need for only those tasks in which the recipient has functional impairments. In the functions specified in Section 30-756.2, a functional impairment shall be a rank of at least 2.
 - .211 (Continued)
 - 1a) .111 (Continued)
 - 1b) .112 (Continued)
 - 1c) .113 (Continued)
 - 1d) .114 (Continued)
- .212 Applicant/recipient failure to cooperate as required in 111/1a) and 1b) above Section 30-763.11 shall result in denial or termination of IHSS services.
- .22 Using the needs assessment form, services staff shall calculate the number of hours per week needed for each of the services not eliminated determined to be needed by the procedure described in Section 30-763.21 above.
- .23 Shared Living Arrangements: The following steps apply to assessing need for clients who live with another person(s). With certain exceptions specified in Section 30-763.24 below, the need for IHSS shall be determined in the following manner.

.231 (Continued)

(d) .311 (Continued)

(b) .312 (Continued)

(c) .313 (Continued)

(d) .314 (Continued)

.232 (Continued)

(d) .321 (Continued)

(b) .322 (Continued)

.233 (Continued)

(d) .331 (Continued)

(b) .332 (Continued)

.234 (Continued)

.235 Other IHSS Services:

(d) .351 The recipient's need for transportation services, paramedical services and ~~nonmedical~~ personal care services shall be assessed based on the recipient's individual need.

(b) .352 (Continued)

(1a) (Continued)

(2b) (Continued)

(3c) (Continued)

.24 (Continued)

.241 (Continued)

(d) .441 (Continued)

(b) .442 (Continued)

(c) .443 (Continued)

(1a) (Continued)

(2b) (Continued)

- (3c) (Continued)
- (4d) (Continued)
- (5e) (Continued)
- (d) .444 (Continued)
 - (1a) (Continued)
 - (2b) (Continued)
 - (3c) (Continued)
- (e) .445 (Continued)
 - (1a) ~~Nonmedical~~ Personal care services
 - (2b) (Continued)
- (f) .446 In addition to those services listed in (e) ~~above~~ Section 30-763.445, a spouse may be paid to provide the following services when he/she leaves full-time employment or wishes to seek employment but is prevented from doing so because no other suitable provider is available:
 - (1a) (Continued)
 - (2b) (Continued)
- .742 (Continued)
- (d) .421 (Continued)
- (b) .422 (Continued)
- .743 (Continued)
- .744 (Continued)
- (d) .441 (Continued)
- (b) .442 (Continued)
- (c) .443 (Continued)
- (d) .444 (Continued)
- .745 (Continued)

~~1d~~ .451 (Continued)

(1a) (Continued)

(2b) (Continued)

(3c) (Continued)

~~1b~~ .452 For the purposes of ~~1d/12~~ Section 30-763.451(b), a suitable provider is any person, other than the recipient's parent(s), who is willing, available, and qualified to provide the needed IHSS.

~~1c~~ .453 (Continued)

(1a) The conditions specified in ~~1d/12~~ through 13 ~~above~~ Sections 30-763.451(a) through (c) shall be met.

(2b) The nonprovider parent shall be unable to provide the services because he/she is absent because of employment or in order to secure education as specified in ~~1244/1d~~ above Section 30-763.441, or is physically or mentally unable to provide the services, as specified in ~~1244/1b~~ above Section 30-763.442.

(3c) (Continued)

~~1d~~ .454 (Continued)

(1a) (Continued)

(2b) ~~Nonmedical~~ Personal care services, as specified in Section 30-757.14.

(3c) (Continued)

(4d) (Continued)

(5e) (Continued)

.746 (Continued)

~~1d~~ .461 (Continued)

~~1b~~ .462 (Continued)

.747 (Continued)

~~1d~~ .471 Domestic and heavy cleaning services shall not be provided in areas used solely by the provider. The need for related services may be prorated between the provider and the recipient, if the provider and the recipient agree. All other services shall be assessed based on the recipient's individual need, except as provided in Sections 30-763.733 and .734 ~~above~~.

123 Having determined the services needed and the total number of hours required to perform these services social service staff shall determine the amount of the various services which the recipient can provide in partial satisfaction of his/her need/ consistent with Section 30-461/23/

.205 Having estimated the need according to Sections 30-763.21 and .22 above, and after making the adjustments identified in 123/ 124/ and 125 above Sections 30-763.3 and .4 as appropriate, the remaining list of services and hours per service is the total need for IHSS services.

.36 (Continued)

.361 (Continued)

.3611 Social services staff shall arrange for the delivery of such alternative resources as necessary in lieu of IHSS program-funded services when they are available and result in no cost to the IHSS program or the recipient except as provided in Subsection 111(b) below Section 30-763.613.

.3612 The IHSS program shall not deliver services which have been made available to the recipient through such alternative resources, except as provided in 111 below Section 30-763.613.

.3613 (Continued)

.362 (Continued)

.3621 Social services staff shall obtain from the recipient a signed statement authorizing discussion of the case with any persons specified in 112 Section 30-763.62.

.3622 (Continued)

.363 (Continued)

.47 (Continued)

.471 (Continued)

.472 (Continued)

.38 (Continued)

.381 (Continued)

.3811 (Continued)

.3812 (Continued)

.3813 (Continued)

.§9 (Continued)

HANDBOOK BEGINS HERE

.§91 (Continued)

HANDBOOK ENDS HERE

.§92 (Continued)

.§921 (Continued)

.§922 (Continued)

.§93 (Continued)

.§931 (Continued)

.§932 (Continued)

.§94 (Continued)

.§941 (Continued)

HANDBOOK BEGINS HERE

.§942 (Continued)

.§943 For those recipients with an Individual Provider, the listing in Section 30-763.§941 ~~above~~ will be generated through use of a special reason code indicating increased hours due to the Miller vs. Woods court decision.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Sections 12300, 12309, and 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

Amend Sections 30-765.1 and .2 to read:

30-765 COST LIMITATIONS

30-765

- .1 The following limitations shall apply to all payments made for in-home supportive services:
 - .11 The maximum services authorized per month except as provided in Section 30-765.3, under IHSS to any recipient determined to be severely impaired, as defined in Section 30-753 ~~(s)~~(s)(1) shall be that specified in Welfare and Institutions Code Section 12303.4(b) or as otherwise provided by law. (Continued)
 - .12 The maximum services authorized per month except as provided in Section 30-765.3, under ~~IHSS~~ non-PCSP to any recipient determined not to be severely impaired shall be that specified in Welfare and Institutions Code Section 12303.4(a) or as otherwise provided by law. (Continued)
 - .13 The statutory maximum service hours per month shall be inclusive of any payment by IHSS for a restaurant meal allowance established in accordance with the Welfare and Institutions Code Section 12303.7. (Continued)
 - .14 The county shall not make monthly payments of IHSS monies to recipients in excess of the computed maximums in Sections 30-765.11, .12 and .13. The sum of the IHSS monthly payment and the recipient's share of cost, if any, shall not exceed the appropriate maximum.
- .2 The statewide wage rate for individual providers shall be determined by the Department. Effective July 8, 1988, the statewide wage rate is \$4.25.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Section 30-766 to read:

30-766 PROGRAM CONTROLS COUNTY PLANS

30-766

.1 (Continued)

- .11 The plan shall be submitted to §CDSS and shall be based upon relevant information, as specified in Welfare and Institutions Code Sections 12301 and 14132.95, including, but not limited to the information specified below:
- .111 Projected caseload, hours paid, and costs per month/quarter by mode/;
- .112 Modes of IHSS and PCSP service delivery the county intends to use;
- .113 Estimated program costs for both the IHSS and PCSP programs;
- .114 Methods the county will utilize to control non-PCSP program costs to comply with required fiscal limitations; and
- .115 Program design intended to meet PCSP requirements.

HANDBOOK BEGINS HERE

1112 Section 12301 of the Welfare and Institutions Code states:

The county shall also report which methods of outreach are being utilized by the county regarding the availability of services under this article.

HANDBOOK ENDS HERE

.12 (Continued)

- .13 §CDSS shall review each county plan for compliance with Welfare and Institutions Code Sections 12300, et seq. and 14132.95, ~~departmental~~ regulations of CDSS and DHS, and when appropriate, issue departmental approval. (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; Chapter 939, Statutes of 1992.

Reference: Sections 10102, 12301, 12302, 12306, 12308, 13002, and 14132.95, Welfare and Institutions Code/; and Chapter 93, Statutes of 1989 (Budget Act of 1989).

Amend Section 30-768 to read:

30-768 OVERPAYMENTS/UNDERPAYMENTS

30-768

- .1 Definition of Overpayment for Non-PCSP Payments (Continued)
- .2 Amount of Overpayment for Non-PCSP Payments (Continued)
- .3 Recovery of Overpayments for Non-PCSP Payments (Continued)
- .4 Definition of Underpayment for Non-PCSP Payments (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Amend Section 30-769 to read:

30-769 PAYROLLING FOR INDIVIDUAL PROVIDERS (Continued)

30-769

.3 The County Has The Sole Responsibility For Determining And Investigating
Fraud And Forgery for Non-PCSP (Continued)

.4 PCSP Fraud or Forgery

HANDBOOK BEGINS HERE

.41 (Reserved)

.42 If PCSP fraud or forgery occurs, DHS will follow the procedures cited
in DHS regulation Section 50793.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and
Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code.

Adopt new Section 30-780 to read:

30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY

30-780

HANDBOOK BEGINS HERE

.1 (Reserved)

.2 (Reserved)

.3 (Reserved)

HANDBOOK ENDS HERE

.4 Eligibility for PCSP shall be limited to those IHSS recipients who do not receive IHSS advance payment as specified in Section 30-769.731.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Section 14132.95(b), Welfare and Institutions Code.

NOTICE OF PUBLICATION REGULATIONS SUBMISSION

STD. 400 (REV. 2-91)

AGENCY

(See instructions on reverse)

For use by Secretary of State only

California Department of Social Services

AGENCY FILE NUMBER (if any)

RDB# 0692-21

OAL FILE
NUMBERSNOTICE FILE NUMBER
Z92-0715-01

REGULATORY ACTION NUMBER

93-0312-OK

EMERGENCY NUMBER

92-1110-01ER

PREVIOUS REGULATORY ACTION NUMBER

92-0715-01E

For use by Office of Administrative Law (OAL) only

ENDORSED
APPROVED FOR FILING
AND PUBLICATION

APR 16 1993

Office of Administrative Law

NOTICE

REGULATIONS

FILEDIn the office of the Secretary of State
of the State of California

APR 16 1993

At 4:30 O'clock P. M.
MARCY FONG EU, Secretary of State
By Kathleen J. Moreland
Deputy Secretary of State**A. PUBLICATION OF NOTICE** (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Crary v. McMahon Retroactive Reg's.		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 92, #30-2	PUBLICATION DATE 7-24-92

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S)	ADOPT
MPP	50-021
SECTIONS AFFECTED	AMEND
	REPEAL

2. TYPE OF FILING

- ☐ Regular Rulemaking (Gov. Code, § 11346) ☐ Resubmittal ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) ☐ Emergency (Gov. Code, § 11346.1(b))
- ☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

- ☐ Print Only ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

- ☐ Effective 30th day after filing with Secretary of State ☒ Effective on filing with Secretary of State ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☒ Department of Finance (Form STD. 399) ☐ Fair Political Practices Commission ☐ State Fire Marshal

- ☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Bureau Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

TYPED NAME AND TITLE OF SIGNATORY

Eloise Anderson, Director

DATE

March 12, 1993

OAL

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

**RESUBMITTAL OF DISAPPROVED OR WITHDRAWN
REGULATIONS**

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Adopt Section 50-021 to read:

50-021 CRARY V. McMAHON RETROACTIVE COURT ORDER

50-021

HANDBOOK BEGINS HERE

.1 Background

The Crary v. McMahon lawsuit challenged the State Department of Social Services' (SDSS) policy of not paying Aid to Families with Dependent Children (AFDC) recipients participating in the Greater Avenues for Independence (GAIN) Program for transportation costs the participants incurred to travel to and from their GAIN activities in accordance with the Manual of Policies and Procedures (MPP) Section 42-750.4. On August 3, 1990, the Sacramento County Superior Court issued a Court Order Granting Peremptory Writ of Mandate. Under the terms of the Court Order, SDSS and county welfare departments must restore to affected persons all supportive services moneys unlawfully withheld because of transportation expense limitations.

HANDBOOK ENDS HERE

.2 Definitions

For the purpose of these regulations:

- (a) "ABCDM 228" means the Applicant's Authorization for Release of Information Form ABCDM 228 (10/78) which is used to obtain documentation when the claimant does not have the necessary information or is unable to provide such information.
- (b) "Claim period" means the time in which a person may file a claim for corrective underpayment. The claim period shall be at least 90 days starting July 1, 1992 and ending midnight September 30, 1992.
- (c) "Class members" means those individuals who drove a vehicle to and from their GAIN activities and asked to be reimbursed for the costs but:
 - (1) Were paid a flat rate for travel expenses to get to and from their GAIN activities no matter how many miles they drove;
 - or
 - (2) Were paid the rate of public transportation even though the public transportation took two hours or more to get to and from their GAIN activity. The two hours included transfers but did not include the time to take children to school or child care;
 - or
 - (3) Were paid a mileage rate less than what county employees were reimbursed for the use of privately owned vehicles used for county business.

- (d) "Five standard languages" means Spanish, Vietnamese, Laotian, Chinese and Cambodian.
- (e) "GEN 1172" means the Statistical Report Form GEN 1172 (3/91) Court Case: Crary v. McMahon which is to be used to gather data regarding the claims filed and paid under this Court Order.
- (f) "NOA" means a notice of action (NOA) that is considered to be adequate within the meaning of Section 22-021. A claimant is considered to be informed of the outcome of a claim when the claimant is provided with a NOA.
- (g) "Responsible county" means the GAIN Office that took an action on which the claimant's claim is based.
- (h) "Retroactive benefits" means the corrective underpayment of funds inappropriately withheld.
- (i) "Retroactive period" means the period from December 1, 1986 through March 31, 1991.
- (j) "Temp GAIN 64" means the Crary v. McMahon Notice [Informing Card] Temp GAIN 64 (7/92) which is the document mailed with the Medi-Cal cards to current medically-needy-only (MNO) recipients to inform potentially affected persons of possible corrective underpayments for transportation costs.
- (k) "Temp GAIN 65" means the Crary v. McMahon [Informing Poster] Temp GAIN 65 (7/92) which is the document used to notify former and current GAIN participants of possible corrective underpayments for transportation costs.
- (l) "Temp GAIN 66" means the Crary v. McMahon Claim Form Temp GAIN 66 (7/92) which is the document used to file a claim for this Court Order.

.3 Informing of Possible Retroactive Benefits

.31 SDSS Responsibilities

SDSS shall:

.311 Include Temp GAIN 64 with the Medi-Cal cards issued for the month of July 1992 to MNO cases. Temp GAIN 64 shall be printed in English on one side with bullets in the five standard languages on the other.

- (a) The English version shall inform potentially eligible persons of possible retroactive benefits for travel expenses incurred by GAIN participants who drove a car to and from their GAIN activities and requested payment of such costs.

(b) The bullets shall state (as translated): "GAIN may owe you money if you drove a car to and from your GAIN activity. Call your GAIN worker or 1-800-XXXX to get more facts."

.312 Print Temp GAIN 65 and 66 in English and Spanish with bullets in Vietnamese, Laotian, Chinese and Cambodian.

.313 Provide counties with a:

(a) Reproducible copy of the Temp GAIN 66.

(b) Supply of Temp GAIN 65.

.314 Provide counties with reproducible copies of NOAs in English and the five standard languages.

.315 Mail copies of Temp GAIN 65 to legal aid and welfare rights organizations of plaintiffs' choice.

.316 Provide public service announcements and news releases to the media two weeks before the beginning of the claim period and two weeks before the end of the claim period.

.32 Responsible Counties

Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Lake, Lassen, Madera, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, San Benito, San Bernardino, San Diego, San Francisco, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Trinity, Ventura, Yolo and Yuba.

Kings and Tuolumne Counties are exempt from implementation since they have already met the requirements of the Court Order.

.33 County Responsibilities

.331 Counties shall, either:

(a) Within the first 60 days of claim period, identify all former and current GAIN participants within the retroactive period whose transportation expenses were incorrectly limited, calculate the corrective underpayment and issue a NOA (M50-021A Rev. 7/92) [see Section 50-021.53]; or

(b) Identify all former and current GAIN participants within the retroactive period who received transportation supportive services and mail a Temp GAIN 66; or

(c) Mail Temp GAIN 66 to all current AFDC recipients.

.332 Place Temp GAIN 65 in conspicuous locations in all welfare offices, GAIN offices and Food Stamp outlets.

.333 Provide Temp GAIN 65 to:

- (a) Child care resource and referral agencies requesting that the posters be displayed in conspicuous locations.
- (b) Basic educational facilities and training providers under contract with the responsible counties requesting that the posters be displayed in conspicuous locations. This does not include worksite employers.
- (c) Community colleges, state colleges and universities in which GAIN participants attended, requesting that they display the informing posters in conspicuous locations on each campus.

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- (1) It is recognized and agreed that SDSS and/or counties cannot require educational institutions to display the Temp GAIN 65.

HANDBOOK ENDS HERE

.334 Reproduce an adequate supply of the Temp GAIN 66 in English and Spanish.

.335 Give or mail a Temp GAIN 66 to anyone upon request. The Temp GAIN 66 shall be mailed within seven (7) work days after receipt of verbal or written request.

.4 Application For Retroactive Benefits

.41 Claimant Responsibilities

Claimant shall:

.411 Provide a completed, signed Temp GAIN 66 as specified in Section 50-021.521. The Temp GAIN 66 shall be signed under penalty of perjury.

.412 Provide additional information, documentation or clarification upon request from county to verify Temp GAIN 66 information as specified in Section 50-021.55.

.413 Submit Temp GAIN 66 to the responsible county.

- (a) The Temp GAIN 66 shall be submitted on or before the end of claim period. If mailed, postmark must be no later than September 30, 1992.
- (b) Claimant shall be permitted to resubmit a previously denied claim during the claim period.

.42 County Responsibilities

Counties shall:

- .421 If able, identify all former and current GAIN participants who are class members, calculate any corrective underpayment and issue a NOA within 60 days as specified in Section 50-021.53. CT
- (a) The mileage rate to be used for such a calculation shall be the rate paid to county employees using a private vehicle to accomplish county business during the retroactive period.
- .422 If a claimant submits a Temp GAIN 66, stamp with the date received.
- (a) Retain envelopes that are postmarked after September 30, 1992.
- (b) If the date cannot be determined by either postmark or date stamp, the date the claimant signed the Temp GAIN 66 shall be used to determine when the claim was received.
- .423 If the Temp GAIN 66 is postmarked after claim period, issue a NOA (M50-021B Rev. 7/92) within 60 days denying claim.
- .424 Attempt to locate claimant's case record named on the Temp GAIN 66.
- .425 Maintain all documents until the end of claim period and retain all records which contain documentation relative to this Court Order for three years after the final legal claim has been submitted for federal reimbursement.
- (a) Records included are those used to determine eligibility for the class (including denials) and those used to determine the amount of retroactive benefits.
- (b) Records which are pertinent to the Court Order shall include, but are not limited to, case records, payment records, assistance claims and reimbursement claims.
- .426 Review Temp GAIN 66 to determine the responsible county.
- (a) Process the Temp GAIN 66 within 60 days when the receiving county is the responsible county.
- (b) If a county who receives a Temp GAIN 66 determines that it is not the responsible county, the receiving county shall issue a NOA (M50-021B Rev. 7/92) denying the claim and forward the Temp GAIN 66 to the responsible county within 15 working days from the date the Temp GAIN 66 was received.

- (1) The receiving county shall inform the claimant in the NOA that the Temp GAIN 66 has been forwarded to the responsible county for processing.
- (2) The date the Temp GAIN 66 is submitted to the receiving county shall be the date of the claim.
- (c) If the responsible county cannot be determined, the receiving county shall issue a NOA (M50-021B Rev. 7/92) denying the claim and telling the claimant to resubmit the Temp GAIN 66 to the responsible county within the claim period. The NOA shall also inform claimant of his/her right to a hearing.

.5 Claim Processing

Upon receipt of Temp GAIN 66, the responsible county shall determine whether the claimant is a class member and take appropriate action within 60 days of when the completed claim is received. The county shall:

- .51 Complete processing the Temp GAIN 66, to the extent possible, without requiring claimant to come in person to the county.
- .52 Review each Temp GAIN 66 received for completeness.
 - .521 Temp GAIN 66 shall be considered complete when the following questions are completed:
 - (a) Qualifying class member questions:
 - (1) Were you in the GAIN Program?
 - (2) Did you drive a car to and from your GAIN activities?
 - (b) County of residence during retroactive period.
 - (c) Claimant's case name used during retroactive period.
 - (d) Claimant's social security number.
 - (e) Claimant's signature.
 - (f) Claimant's date of birth.
 - .522 The following information shall be provided on the Temp GAIN 66 to the extent possible:
 - (a) The three "Yes, No and Don't Know" questions.
 - (b) The approximate date(s) claimant was in the GAIN Program.
 - (c) Claimant's telephone number.
 - (d) Claimant's current address.

.53 If claimant is a class member:

Issue a NOA (M50-021A Rev. 7/92) within 60 days from receipt of claim explaining why the claim was approved, when payment can be expected and the formula used to arrive at the corrective underpayment.

.531 If a county has the capability to include the warrant with the NOA, the county shall do so.

.54 If claimant is not a class member:

Issue a NOA (M50-021B Rev. 7/92) within 60 days from receipt of claim explaining why the claimant is not a class member and claimant's right to file for a hearing if he/she does not agree with the county's decision.

.55 Request additional information needed to complete processing Temp GAIN 66. If Temp GAIN 66 is inconsistent with case record or needs clarification, county shall first attempt to resolve issue(s) by telephone.

.551 Issue a NOA (M50-021C Rev. 7/92) within 30 days after receipt of Temp GAIN 66 requesting the documentation, additional information or clarification if unable to resolve problem(s) by telephone.

(a) Claimant shall have 30 days from the date of the NOA to respond to the request for additional information.

(b) If the response is not received within the 30 days, the claim shall be denied.

.552 Request documentation if such is in the claimant's possession and necessary to support the claim.

(a) If claimant does not have the documentation, request that the claimant sign ABCDM 228, or the county equivalent form, to allow the county to obtain documentation on behalf of the claimant.

(b) If claimant is unable to provide the requested documentation, a declaration signed under penalty of perjury affirming the information shall be accepted in lieu of the documentation, unless there is conflicting evidence in the case record or information known to the county.

.553 Complete processing the claim within 30 days after receiving the additional information.

(a) If the additional information establishes eligibility, issue a NOA (M50-021A Rev. 7/92) explaining why the claim was approved, when payment can be expected and the formula used to arrive at the corrective underpayment.

(b) If the additional information does not establish eligibility, issue a NOA (M50-021B Rev. 7/92) explaining why the claim was denied and the claimant's right to a hearing if the claimant does not agree with the decision.

.554 Issue a NOA (M50-021B Rev. 7/92) if the claimant fails to provide documentation in his/her possession or sign the ABCDM 228 or a document of self-certification in support of the claim.

.56 Process the first claim and deny any subsequent claims related to this Court Order or any other court order or settlement if more than one claim is filed for the same action.

.6 Computation of Corrective Underpayments

.61 In the AFDC Program, a corrective underpayment is not to be considered as income or a resource for AFDC grant calculation in the month received and the following month.

.62 In the Food Stamp Program, a corrective underpayment shall be counted as a resource but excluded as income in the month received.

.63 County shall offset any corrective underpayment against outstanding recoupable overpayments.

.631 For claimants no longer in the GAIN Program or on AFDC, the responsible county must still offset the retroactive payment for supportive services against any outstanding overpayment.

.64 County shall ensure that a corrective underpayment for this Court Order is not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

.65 The legal rate of interest shall be paid by counties to all class members who are no longer on aid as specified in Civil Code Section 3287.

.7 Statistical Reporting

.71 Counties shall submit the GEN 1172 no later than March 1, 1993 to the Statistical Services Bureau.

.72 Report shall include the number of:

.721 Temp GAIN 66s counties mailed or handed to potentially eligible persons.

.722 Temp GAIN 66s received by counties as a claim.

.723 Cases identified by a county as receiving transportation supportive services and mailed a Temp GAIN 66.

.724 GAIN participants identified by a county as class members and issued a warrant correcting the underpayment.

.725 Claims (Temp GAIN 66) approved.

.726 Claims (Temp GAIN 66) denied because:

- (a) Temp GAIN 66 was submitted after the claim period.
- (b) Temp GAIN 66 was incomplete and county was unable to get the information needed from claimant to complete claim.
- (c) Claimant was not a member of the class.
- (d) County receiving the Temp GAIN 66 was not the responsible county. Receiving county forwarded Temp GAIN 66 to the responsible county.
- (e) County receiving the Temp GAIN 66 was not the responsible county. Receiving county could not determine the responsible county.
- (f) Other denials.

.727 Total benefits paid.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Crary v. McMahon, Sacramento County Superior Court, Case No. 363143; section 11323.2, Welfare and Institutions Code.

CT

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91)

AGENCY

California Department of Social Services

(See instructions on reverse)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-92-1020-06	REGULATORY ACTION NUMBER 93-0319-075	EMERGENCY NUMBER	PREVIOUS REGULATORY ACTION NUMBER
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AGENCY FILE NUMBER (if any)
RDB# 0992-31

For use by Office of Administrative Law (OAL) only

1993 MAR 19 PM 4:49

OFFICE OF
ADMINISTRATIVE LAW
ENDORSED - LATE
APPROVED FOR FILING
AND PUBLICATION

APR 27 1993

NOTICE

REGULATIONS
Office of Administrative Law

FILED

In the office of the Secretary of State
of the State of California

APR 27 1993

At 3:12 O'clock P.M.

MARCH FONG EU, Secretary of State

By Kathleen J. Moerland
Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Exclusion of Households...		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 92, #442	PUBLICATION DATE 10-30-92

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S) MPP	ADOPT 018 63-108.
SECTIONS AFFECTED	AMEND 63-102; 63-502; 63-503; 63-504; 63-505; and 63-801.
	REPEAL

2. TYPE OF FILING

☒ Regular Rulemaking (Gov. Code, § 11346)
☐ Resubmittal
☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
☐ Emergency (Gov. Code, § 11346.1(b))
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.
☐ Print Only
☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., title 1, §§ 44 and 45)
February 18, 1993 through March 5, 1993.

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☐ Effective 30th day after filing with Secretary of State
☐ Effective on filing with Secretary of State
☒ Effective other (Specify) May 1, 1993

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399)
☐ Fair Political Practices Commission
☐ State Fire Marshal
☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Bureau Chief, Regulations Development Bureau

TELEPHONE NUMBER
657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE



TYPED NAME AND TITLE OF SIGNATORY

Eloise Anderson, Director

DATE

MAR 17 1993

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Adopt Section 63-018 et seq. to read:

63-018 Implementation of Monthly Reporting ^{and} Retrospective Budgeting (MRRB) Amendments, Exemption from MRRB for Households Which Reside on Indian Reservations (Public Law [P.L.] 101-624) and an Administrative Error Payment Provision 63-018

- .1 County welfare departments (CWDs) shall implement any changes in regulatory provisions based on the effective date of these amendments regardless of budgeting method.
- .2 Section 63-018; Section 63-102b.(1); Section 63-502.2(i); Section 63-503.253; Section 63-504.311 (e); Section 63-505.215; and Sections 63-801.431(b) and .732 as amended herein, shall become effective May 1, 1993.
- .3 The amended and adopted provisions as specified in Section 63-018.2 shall be implemented prospectively for all Food Stamp households beginning May 1, 1993.

Authority Cited: Sections 10554 and 18904, Welfare and Institutions Code, and
~~Section 11349.1, Government Code.~~

Reference: Sections 10554 and 18904, Welfare and Institutions Code; 7 CFR 273.18(g)(4)(ii); 7 CFR 273.21(b)(4) and (s); P.L. 101-624, Section 1723 [7 U.S.C. 2015(c)(1)(A)]; and P.L. 102-237, Section 908 [7 U.S.C. 2016(h)(1)].

Amend Section 63-102 b. (1) to read:

63-102 DEFINITIONS (Continued)

63-102

- b. (1) "Beginning Months" in a retrospective budgeting system means the first month the household is certified for food stamps and the month thereafter. For households applying for food stamps and PA benefits at the same time, a third beginning month shall be assigned if necessary for the household to transition from prospective to retrospective budgeting during the same months for both food stamps and PA. The first beginning month cannot be any month which immediately follows a month in which a household is certified and subject to retrospective budgeting in any project area. The month following the month of suspension shall not be considered a beginning month. (Continued)

Authority Cited: Sections 10553, 10554, and 18904, Welfare and Institutions Code.

Reference: 8 U.S.C.A. Section 1522(e); 42 U.S.C.A. 601, et seq.; and 42 U.S.C.A. 5122; 7 CFR 271.2; 7 CFR 273.1(c)(5); 7 CFR 273.11(a)(2)(iii); 7 CFR 273.2, (j), and (j)(4); 7 CFR 273.16(c); 7 CFR 273.21(b); 7 CFR 274.3; 7 CFR 2710.2; 45 CFR Part 401; 45 CFR 400.62; (Court Order re Final Partial Settlement Agreement in Jones v. Yeutter (C.D. Cal. Feb. 1, 1990) ____ F. Supp. ____ [Dock. No. CV-89-0768]/); Section 66011, Education Code; and Section 902, Public Law (P.L.) 102-237.

Amend Section 63-502.2(i) to read:

63-502 INCOME, EXCLUSIONS AND DEDUCTIONS (Continued)

63-502

.2 Income Exclusions. Only the following items shall be excluded household income:

(a) through (h) (Continued)

- (i) The earned income (as defined in Section 63-502.13) of children who are members of the household, who are students at least half time, and who have not attained their 18th birthday at the beginning of the budget month. The exclusion shall continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings shall be prorated equally among the working members and the child's pro rata share shall be excluded. Individuals are considered children for purposes of this provision if they are under the parental control, as defined in Section 63-102p.(1), of another household member.
(Continued)

Authority Cited: Sections 10553, 10554, 11209 and 18904, Welfare and Institutions Code.

Reference: Section 18901, Welfare and Institutions Code; Public Law (P.L.) 101-201; P.L. 100-50, Sections 22(e)(4) and 14(27), enacted June 3, 1987; P.L. 100-77; ~~P.L. 101-392, Section 507; P.L. 101-624; Sections 1715 and 1727; P.L. 102-237, Section 903;~~ 7 CFR 271.2; 7 CFR 273.7(f); 7 CFR 273.9; 7 CFR 273.9(b)(1) and (c), 7 CFR 273.9(c)(1)(iv)(B) and (c)(3); 7 CFR 273.9(c)(5); 7 CFR 273.9(c)(5)(i)(A); 7 CFR 273.9(c)(5)(i)(C), (F) and (G) and (ii)(A); 7 CFR 273.9(c)(10); 7 CFR 273.9(c)(15); 7 CFR 273.9(d)(3)(vii); 7 CFR 273.9(d)(1) through (6); 7 CFR 273.11(d)(1), (Court Order re Final Partial Settlement Agreement in Jones v. Yeutter (C.D. Cal Feb. 1, 1990) _____ F. Supp. _____ [Dock. No. CV-89-0768]); 7 CFR 273.21(j)(1)(vii)(A); P.L. 101-508, Section 11111(b); 7 U.S.C. 2014(d); 7 U.S.C. 2015(e); 20 U.S.C. 2466(d); 26 U.S.C. 32(j)(5); U.S.D.A. Food and Nutrition Service Administrative Notice 91-30; and Waiver Letter WFS-100:FS-10-6-CA, dated October 2, 1990, United States Department of Agriculture, Food and Nutrition Service.

Amend Section 63-503.253 to read:

63-503 Determining Household Eligibility and Benefit Levels (Continued) 63-503

.2 Determining Resources, Income and Deductions (Continued)

.23 Households Subject to Retrospective Budgeting After the Beginning Months

.231 Prospective Eligibility (Continued)

.232 Retrospective Budgeting

The CWD shall use the following income to retrospectively budget the household's level of benefits.

(a) Actual Income (Continued)

(b) Averaged Income

For purposes of determining the household's level of benefits for the issuance month, the CWD shall take into account any income that has been averaged for the household for the budget month. (Continued)

.25 Determining Deductions For All Households

Deductible expenses include only certain medical, dependent care, and shelter costs, as described in Section 63-502.3.

.251 and .252 (Continued)

.253 Anticipating/Estimating Expenses

The CWD shall calculate a nonmonthly reporting household's expenses based on the expenses the household expects to be billed for during the certification period. Anticipation of the expenses shall be based on the most recent month's bills, unless the household is reasonably certain a change will occur. When the household is not claiming the standard utility allowance, the CWD may anticipate changes during the certification period based on last year's bills from the same period updated by overall price increases; or, if only the most recent bill is available, utility cost increases or decreases over the months of the certification period may be based on utility company estimates for the type of dwelling and utilities used by the household. The CWD shall not average past expenses, such as utility bills for the last several months, as a method of anticipating utility costs for the certification period. For households which shall

be subject to retrospective budgeting the procedures in Section 63-503.212(c)(1) shall be used to estimate expenses in the beginning months. The CWD shall budget expenses regularly billed as a single monthly payment for the months such expenses are intended to cover. (Continued)

Authority Cited: Sections 10554 and 18904, Welfare and Institutions Code.

Reference: 7 CFR 271.2; 7 CFR 272.3(c)(1)(ii); 7 CFR 273.1(b)(2)(iii); 7 CFR 273.2(j)(4), 7 CFR 273.10(c)(2)(iii); 7 CFR 273.11(a)(2)(i), (c), (c)(1), (c)(2)(iii), (c)(3)(ii), (d)(1), and (e)(1); 7 CFR 273.21(f)(2)(ii), (iii), (iv), and (v), (g)(3), (j)(1)(vii)(B), and (s); (Court Order re Final Partial Settlement Agreement in Jones v. Yeutter (C.D. Cal. Feb. 1, 1990) _____ F. Supp. _____ [Dock. No. CV-89-0768]); Waiver Letter WFS-100:FS-10-6-CA, dated October 2, 1990, United States Department of Agriculture, Food and Nutrition Service; Administrative Notice No. 92-23, dated February 20, 1992; and P.L. 101-624.

Amend Section 63-504.311 (e) (1) to read:

63-504 HOUSEHOLD CERTIFICATION AND CONTINUING ELIGIBILITY (Continued) 63-504

.3 Monthly Reporting (Continued)

.31 CWD Action on the CA 7

.311 Upon receiving the CA 7 the CWD shall:

(a) through (d) (Continued)

(e) Determine the household's level of benefits based on actual information reported on the CA 7 and household composition determined as of the issuance month, in accordance with Section 63-503.3. In calculating the household's benefit level, the following income and deductions shall be considered.

(1) Earned and unearned income received in the corresponding budget month, including the earned income of a student only if the student is eighteen years of age or older at the beginning of the budget month. The CWD shall use the actual amount received by the household to compute benefits, except as provided in Section 63-503.22. (Continued)

Authority Cited: Sections 10554, 11265.1, and 18904, Welfare and Institutions Code.

Reference: 7 CFR 271.2; 7 CFR 273.2(j)(3) and (4), 7 CFR 273.8(b); 7 CFR 273.21(e)(1), (f)(1)(iii), (f)(1)(iv)(B), (h)(3), (h)(3)(ii), (j), (j)(1)(vi), (j)(1)(vii)(A) and (r); 7 CFR 274.10; and P.L. 101-624.

Amend Section 63-505.21 to read:

63-505 HOUSEHOLD RESPONSIBILITIES (Continued)

63-505

.2 Monthly Reporting/Retrospective Budgeting Households (Continued)

.21 The following households shall be excluded from monthly reporting and retrospective budgeting. See Section 63-504.43 for those households receiving PA.

.211 through .214 (Continued)

.215 Households residing on Indian reservations. (Continued)

Authority Cited: Sections 10554 and 18904, Welfare and Institutions Code.

Reference: 7 CFR 273.2(j)(3) and (4), 7 CFR 273.11(a)(2)(iii); 7 CFR 273.12; 7 CFR 273.2(d); 7 CFR 273.21(b), (b)(4), (h)(3), and (i); ~~and~~ P.L. 101-624, Section 1723 [7 U.S.C. 2015(c)(1)(A)] and P.L. 102-237, Section 908 [7 U.S.C. 2016(h)(1)].

Amend Sections 63-801.431(b) and .732 to read:

63-801 CLAIMS AGAINST HOUSEHOLDS

63-801

.1 through .3 (Continued)

.4 Collecting Claims Against Households and Sponsors of Alien Households.

.41 and .42 (Continued)

.43 Initiating Collection on Claims

.431 CWDs shall initiate collection action by providing the household or the sponsor of an alien household with a Repayment Notice (DFA 377.7B) which informs the household or its sponsor of the amount owed, the reason for the claim, the period of time the claim covers, any offsetting that was done to reduce the claim, how the household or its sponsor may pay the claim, and the household's or the sponsor's right to a state hearing if the household or the sponsor disagrees with the amount of the claim. Additionally, the notice shall state that if the household has already had a state hearing on the amount of the claim as a result of consolidation of the administrative disqualification hearing with the state hearing, the household has no right to another state hearing on the amount of the claim. If there is an individual or organization available that provides free legal representation, the DFA 377.7B shall also advise the household of the availability of the services.

(a) (Continued)

(b) For administrative error claims, the household shall also be informed of the availability of allotment reduction as a method of repayment if the household prefers to use this method. Choice of this option is entirely up to the household and no household shall have its allotment reduced by an amount with which it does not agree for payment of an administrative error claim. (Continued)

.7 Method of Collecting Payments

As specified in Section 63-801.4, CWDs shall collect payments for claims against households as follows:

.71 and .72 (Continued)

.73 Reduction in Food Stamp Allotments

.731 (Continued)

.732 CWDs shall collect payments for an administrative error claim from a household currently participating in the Food Stamp Program by reducing the household's food stamp allotments if the household prefers to use this method of repayment. Choice of this option is entirely up to the household and no household shall have its allotment reduced by an amount with which it does not agree for payment of an administrative error claim.
(Continued)

Authority Cited: Sections 10554 and 18904, Welfare and Institutions Code, ~~and Section 11349.1, Government Code.~~

Reference: 7 CFR 271.2, 7 CFR 273.18(a), (a)(1)(ii), (a)(2), (c)(1)(ii), 7 CFR 273.18(d)(4)(iii), 7 CFR 273.18(e)(1), 7 CFR 273.18(g)(4)(ii), 7 CFR 273.18(h)(4), 7 CFR 273.18(k)(5), and United States Department of Agriculture, Food and Nutrition Service letter WFS-100:FS-10-6-CA, dated October 7, 1991.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91)

AGENCY

California Department of Social Services

(See instructions on reverse)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER	AGENCY FILE NUMBER (if any)	PREVIOUS REGULATORY ACTION NUMBER
	Z-92-1124-02	93-0329-03C	92-1120-07E	1092-35	

For use by Office of Administrative Law (OAL) only

**ENDORSED
APPROVED FOR FILING
AND PUBLICATION**

MAY - 7 1993

Office of Administrative Law

NOTICE

REGULATIONS

FILED

in the office of the Secretary of State
of the State of California

MAY 07 1993

At 3:26 O'clock P. M.

MARCH FONG FU, Secretary of State

Deputy Secretary of State

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
Aid Payments Demonstration Project (APDP)					
3. NOTICE TYPE		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	
<input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action					
<input type="checkbox"/> Other					
OAL USE ONLY	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER	PUBLICATION DATE	
	<input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		92, #49-2	12-4-92	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S)	ADOPT
MPP	40-015, 89-100, 89-101, 89-300, 89-301, 89-400, and 89-402
SECTIONS AFFECTED	AMEND
	41-440 and 44-315.351 (Handbook)
	REPEAL

2. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)
 ☐ Resubmittal
 ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
 ☐ Emergency (Gov. Code, § 11346.1(b))

☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only
 ☐ Other (specify) _____

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

Not Applicable

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☐ Effective 30th day after filing with Secretary of State
 ☒ Effective on filing with Secretary of State
 ☐ Effective other (Specify) _____

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399)
 ☐ Fair Political Practices Commission
 ☐ State Fire Marshal

☐ Other (Specify) _____

6. CONTACT PERSON	TELEPHONE NUMBER
Jim Rhoads, Asst. Bureau Chief, Regulations Development Bureau	(916) 657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE	DATE
<i>Eloise Anderson</i>	MAR 29 1993
TYPED NAME AND TITLE OF SIGNATORY	

Eloise Anderson, Director

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Adopt Section 40-015 to read:

40-015 IMPLEMENTATION OF REGULATIONS PURSUANT TO
SENATE BILL 485, CHAPTER 722, STATUTES OF 1992
AND WELFARE AND INSTITUTIONS CODE SECTION 11201.5,
STATUTES OF 1991, CHAPTER 97

40-015

.1 Sections Implemented

The following amendments and adoptions comply with the provisions of Senate Bill 485, Chapter 722, Statutes of 1992 and Welfare and Institutions Code Section 11201.5, Statutes of 1991, Chapter 97. This regulatory action consists of:

Changes to reduce the Maximum Aid Payment (MAP);

Adoption of a requirement which will limit the amount of aid a family may receive when they have not lived in California for 12 months or more; and

Elimination of the 100-hour limit for AFDC-U recipients who work.

.11 Sections Adopted

<u>89-100</u>	<u>Assistance Payments Demonstration Project (APDP)</u>
<u>89-101</u>	<u>Federal Demonstration Project</u>
<u>89-300</u>	<u>Work Incentives</u>
<u>89-301</u>	<u>Elimination of the 100-Hour Limit</u>
<u>89-400</u>	<u>Aid Payments</u>
<u>89-402</u>	<u>MAP Level and MAP Restriction</u>

.12 Sections Amended

<u>41-440</u>	<u>Federal AFDC-U Unemployed Parent Program</u>
<u>44-315</u>	<u>Amount of Aid</u>

.2 Effective Dates

Unless otherwise specified in Section 40-015.21, all regulatory action herein implementing the provisions of Senate Bill 485, Chapter 722, Statutes of 1992 and Welfare and Institutions Code Section 11201.5, Statutes of 1991, Chapter 97, shall be effective December 1, 1992 for both applicants and recipients.

.21 Section

The specified effective date is:

.211 Relocation
Family
Grant

Section 89-402.4 pertaining to the
Relocation Family Grant (RFG) shall only apply
to all applicants as of December 1, 1992.
However, in accordance with the Green v.
Anderson court order, this provision shall not
be implemented until a determination by a court
of appropriate jurisdiction allows such
implementation.

Authority Cited: Sections 10553, 10554, 11201.5, 11209, and 11450(g), Welfare and
Institutions Code.

Reference: Sections 11201.5, 11450.01, and 11450.03, Welfare and
Institutions Code; ~~and~~ Federal Terms and Conditions for the
California Assistance Payments Demonstration Project as approved
by the United States Department of Health and Human Services on
October 30, 1992/; and Memorandum of Decision and Order in Green
v. Anderson, (Civ. S-92-2118) dated January 28, 1993.

Amend Section 41-440 to read:

41-440 FEDERAL AFDC-U UNEMPLOYED PARENT PROGRAM

41-440

The requirements of Section 41-440 apply to all principal earners who establish deprivation based on unemployment whether the individual is included or excluded from the assistance unit.

HANDBOOK BEGINS HERE

See Section 89-301.2 on the exemption from the 100-hour limit specified in this section for those recipients subject to the Assistance Payments Demonstration Project specified in Division 89. The county shall continue to apply the 100-hour limit to all AFDC-U applicants. (Continued)

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 10604, ~~and~~ 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, 11201.5, and 11270, Welfare and Institutions Code; and 45 CFR 233.10(a)(1), 233.100(a)(5), and 250.30(b); and Family Support Act of 1988, Public Law (PL) 100-485, October 13, 1988; Family Support Administration Action Transmittal 91-15 (FSA-AT-91-15), dated April 23, 1991; Omnibus Budget Reconciliation Act (OBRA) of 1990, Section 5061.

Amend Sections 44-315 to include Handbook Section 44-315.351 to read:

44-315 AMOUNT OF AID (Continued)

44-315

.3 Amount of Grant (Continued)

.35 MAP (Continued)

HANDBOOK BEGINS HERE

.351

See Section 89-402 for MAP determinations for recipients subject to the Assistance Payments Demonstration Project as specified in Division 89. (Continued)

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, ~~and~~ 10554, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 11017, 11450, 11450.01, 11450.03, 11452, and 11453, Welfare and Institutions Code.

Adopt Chapter 89-100 and Section 89-102 to read:

89-100 ASSISTANCE PAYMENTS DEMONSTRATION PROJECT (APDP) 89-100

89-1012 FEDERAL DEMONSTRATION PROJECT - INTRODUCTION 89-1012

HANDBOOK BEGINS HERE

.1 Background

Pursuant to state law, the State Department of Social Services has requested and received federal approval for a California Demonstration Project entitled the Assistance Payments Demonstration Project. This Project enables California, in accordance with its federally mandated Terms and Conditions, to implement certain new AFDC provisions.

The Assistance Payments Demonstration Project provisions are contained in Division 89. They include work incentive provisions, MAP reductions and a relocation grant restriction.

HANDBOOK ENDS HERE

.2 Control Group

The county shall not apply the Division 89 Assistance Payments Demonstration Project provisions to those applicants and recipients who are designated as members of the Project's control group. The designation and treatment of the control group shall be accomplished pursuant to the Project's mandated parameters outlined in the Federal Terms and Conditions as approved by the Secretary of the Department of Health and Human Services.

Authority Cited: Sections 10553, 10554, 11201.5, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 11201.5, 11450.01, and 11450.03, Welfare and Institutions Code; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992.

Adopt Chapter 89-300 and Section 89-301 to read:

89-300 WORK INCENTIVES

89-300

89-301 ELIMINATION OF THE 100-HOUR LIMIT

89-301

.1 Reserved

.2 100-Hour Limit

The county shall not apply the 100-hour limitation specified in Section 41-440 to recipients after the date that aid has been authorized.

HANDBOOK BEGINS HERE

.21

Example 1:

A family applies for AFDC-U on January 5, 1993; the CWD authorizes aid on February 2, 1993. On February 3, 1993, the principal earner (PE) reports that he ~~will begin~~ accepted work on that day and he expects to work over 100 hours per month. Since the PE did not ~~begin~~ accept ~~working~~ until the day after aid was authorized (i.e., after becoming a recipient), the 100-hour limit is not applicable.

Eligibility for the AU will continue until ineligibility occurs due to excess income, excess property, etc.

Example 2:

A family applies for AFDC-U on January 5, 1993; the CWD authorizes aid on February 1, 1993. On February 3, 1993, the PE reports that he ~~returned to~~ accepted work on January 31, 1993 and ~~is~~ he expects to work over 100 hours ~~in each of the next 6 months~~ indefinitely. Since the PE ~~returned to~~ accepted work before aid ~~is~~ was authorized (i.e., prior to becoming a recipient), the 100-hour rule limitation is applicable. The CWD will issue a timely notice of action and terminate aid effective February 28, 1993. As ineligibility occurred prior to the authorizing action, the family is overpaid for January 1993 and February 1993.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 11201.5, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Section 11201.5, Welfare and Institutions Code; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved the United States Department of Health and Human Services on October 30, 1992.

Adopt Chapter 89-400 and Section 89-402 to read:

89-400 AID PAYMENTS

89-400

89-402 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION

89-402

HANDBOOK BEGINS HERE

.1 MAP Amount

Effective December 1, 1992, the MAP level established in Welfare and Institutions Code Sections 11450(a)(1) and (2) is:

<u>Size of AU</u>	<u>MAP</u>
<u>1</u>	<u>\$ 307</u>
<u>2</u>	<u>504</u>
<u>3</u>	<u>624</u>
<u>4</u>	<u>743</u>
<u>5</u>	<u>847</u>
<u>6</u>	<u>952</u>
<u>7</u>	<u>1,045</u>
<u>8</u>	<u>1,139</u>
<u>9</u>	<u>1,230</u>
<u>10 or more</u>	<u>1,322</u>

HANDBOOK ENDS HERE

.2 Reserved

.3 Reserved

.4 Relocation Family Grant

IN ACCORDANCE WITH THE GREEN V. ANDERSON COURT ORDER, THIS PROVISION SHALL NOT BE IMPLEMENTED UNTIL A DETERMINATION BY A COURT OF APPROPRIATE JURISDICTION ALLOWS SUCH IMPLEMENTATION.

Relocation Family Grant (RFG) means the maximum amount of aid payable to an AU when no member of the AU has lived in California for 12 consecutive months immediately prior to the date of application.

.41 Relocation Family Grant Rule

When the RFG is applicable, the county shall compare and base aid on the lesser of:

.411 CA Computed Grant Amount

The California computed actual grant amount for a full month, excluding overpayment adjustments, or

.412 Other State MAP

The MAP amount of the previous state or U.S. Territory of residence, plus California special needs when included in Section 89-402.411.

(a) When all members of the AU have not lived in the same prior state, the county shall compare the California computed grant amount to the highest MAP amount of the prior states of residence involved.

(b) The county shall semi-annually update the other state MAP amounts effective ~~each~~ with the April ~~1st~~ and October ~~1st~~ payment months with figures provided by the ~~State~~ California Department of Social Services which are based upon U.S. Department of Health and Human Services data.

HANDBOOK BEGINS HERE

.42 Grant Adjustment Upon determination of the lesser amount of either the California computed actual grant amount or the prior state MAP, the grant will be adjusted for partial month proration, homeless assistance payment and overpayments, as applicable.

HANDBOOK ENDS HERE

.43 Reduced Income Supplemental Payment (RISP), Homeless Assistance Payment for Permanent Housing and Overpayment Adjustment Computation For the purpose of determining the RISP, homeless assistance payment for permanent housing, and computing overpayment adjustments, the MAP specified in Sections 44-402, 44-211.531 and 44-352.41 shall be the lesser of the California MAP or the MAP ~~from~~ of the previous state of residence used in the RFG computation.

.44 How Long The county shall apply the RFG rule until any member of the AU has lived in California for 12 consecutive months.

HANDBOOK BEGINS HERE

.45 RFG Example A mother and her three children arrive in California from Mississippi in April. Four months later (August), they apply for AFDC. The RFG rule will apply to the AU for eight months. (Twelve month residency requirement minus four months in California equals eight RFG months). Their RFG period will end March 31st of the following year.

After the AU received aid for one month, the children's father moves into the home (September). He is the unemployed principal earner and there is federal eligibility. The father has been in California for ten months and was living in Nevada prior to coming to California.

Since the father lived in California longer than anyone else in the AU, the AU will only have two remaining RFG months, which includes the first month of aid for the father. Therefore, the AU's new RFG period will end October 31st.

The county will use Nevada's MAP which is higher than Mississippi's MAP when applying the RFG rule.

HANDBOOK ENDS HERE

Authority Cited: Sections 10553, 10554, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 11450.01 and 11450.03, Welfare and Institutions Code; ~~and~~ Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992/; and Memorandum of Decision and Order in Green v. Anderson, (Civ. S-92-2118) dated January 28, 1993.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 2-91)

AGENCY

California Department of Social Services

AGENCY FILE NUMBER (if any)

0992-32

OAL FILE
NUMBERSNOTICE FILE NUMBER
Z90-1124-02

REGULATORY ACTION NUMBER

93-0330-07C

EMERGENCY NUMBER

92-1113-01E

PREVIOUS REGULATORY ACTION NUMBER

For use by Office of Administrative Law (OAL) only

1993 MAR 30 PM 4:27

ENDORSED
APPROVED FOR FILING
AND PUBLICATION

MAY 11 1993

Office of Administrative Law

FILED

In the office of the Secretary of State
of the State of California

MAY 11 1993

At 4:38 O'clock P. M.

MARCH FONG EU, Secretary of State

By Kathleen J. Moreland
Deputy Secretary of State

NOTICE

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE Emergency Response Protocol		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 92, #49-2	PUBLICATION DATE 12-4-92	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S) MPP	ADOPT
SECTIONS AFFECTED	AMEND 30-132
	REPEAL

2. TYPE OF FILING

- ☐ Regular Rulemaking (Gov. Code, § 11346)
 ☐ Resubmittal
 ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
 ☐ Emergency (Gov. Code, § 11346.1(b))
- ☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

- ☐ Print Only
 ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

- ☐ Effective 30th day after filing with Secretary of State
 ☒ Effective on filing with Secretary of State
 ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☐ Department of Finance (Form STD. 399)
 ☐ Fair Political Practices Commission
 ☐ State Fire Marshal
- ☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

TYPED NAME AND TITLE OF SIGNATORY

ELOISE ANDERSON, Director

MAR 30 1993

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

**INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS**

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

**RESUBMITTAL OF DISAPPROVED OR WITHDRAWN
REGULATIONS**

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for readoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Amend Section 30-132 to read:

30-132 RESPONSE TO REQUESTS AND REFERRALS

30-132

.1 The county welfare department shall respond to the following:

.11 All law enforcement referrals.

.12 Any other referrals for service which allege that a child is endangered by abuse, neglect, or exploitation.

.2 The social worker shall immediately initiate and complete the Emergency Response Protocol process when it is necessary to determine whether an in-person investigation is required. ~~By~~ The social worker shall recording all available and appropriate information on the Emergency Response Protocol form, SOC 423 (10/92), or an approved substitute. ~~Immediately upon receipt of any referral alleging child abuse, neglect or exploitation to determine whether an in-person investigation is required.~~ The social worker is not required to initiate the Emergency Response Protocol when the social worker has already determined an in-person investigation is required (i.e., law enforcement referrals, obvious immediate danger referrals).

.21 In order to be approved as a substitute for the Emergency Response Protocol form, the substitute shall at a minimum contain all of the following elements:

.211 The following identifying information:

(a) Information regarding the child alleged to be abused, neglected, or exploited, which shall include:

- (1) Information specified in Section 30-132.211(f),
- (2) Case name, and
- (3) Case number.

(b) Information regarding the referral, which shall include:

- (1) Time and date referral received, and
- (2) Location of alleged incident.

(c) Information regarding the reporter, which shall include:

- (1) Name,
- (2) Relationship to child,
- (3) Agency affiliation, if a mandated reporter,
- (4) Address, and

- (5) Phone number (home/work).
- (d) Information regarding each adult in the household, which shall include:
 - (1) Name,
 - (2) Relationship to child,
 - (3) ~~Age and~~ Birthdate,
 - (4) Ethnicity ~~background~~,
 - (5) Primary language, if non-English speaking,
 - (6) Current location, and
 - (7) Phone number(s).
- (e) Information regarding the alleged perpetrator, which shall include:
 - ~~(1) Name/~~
 - (21) ~~Information~~ Elements specified in Sections 30-132.211(d) (1) through (7), and
 - (32) Access to the child.
- (f) Information regarding each minor child in the family, which shall include:
 - (1) Name,
 - (2) ~~Age and~~ Birthdate,
 - (3) Sex,
 - (4) Ethnicity,
 - (45) Primary language, if non-English speaking,
 - (56) Current location,
 - (67) Name and address of school/daycare, if applicable, and
 - (78) Name, ~~current~~ location and phone number of each absent parent.

.212 A description of the alleged incident, including consideration of the following risk factors:

- (a) Precipitating incident including the following:
 - (1) Severity and frequency;
 - (2) Location and description of injury on child's body;
and
 - (3) History of child abuse, neglect, or exploitation.
- (b) Child characteristics including the following:
 - (1) Age, vulnerability, special circumstances; and
 - (2) Behavior, interaction with caretakers, siblings, and peers.
- (c) Caretaker characteristics including the following:
 - (1) ~~Capacity~~ Ability to care for child ~~care~~;
 - (2) Interaction with children, other caretakers;
 - (3) Parenting ~~skill~~/knowledge; and
 - (4) Substance abuse, criminal behavior, and mental health.
- (d) Family factors including the following:
 - (1) Relationships, support systems;
 - (2) History of abuse, neglect, or exploitation;
 - (3) Presence of parent substitute;
 - (4) Environmental conditions; and
 - (5) Family strengths.

.213 Information regarding a records review.

.214 Information regarding the collateral contacts, including the following:

- (a) Date of contact,
- (b) Name and phone number of each person contacted,
- (c) Agency affiliation or person's relationship to the child,
and
- (d) Summary of information obtained.

.215 Decision criteria. The decision whether or not an in-person investigation is necessary shall include, but not be limited to, consideration of the following factors:

- (a) The ability to locate the child alleged to be abused and/or the family.
- (b) The existence of an open case and the problem described in the allegation is being adequately addressed.
- (c) The allegation meets one or more of the definitions of child abuse, exploitation or neglect contained in Sections 30-002a.(1), 30-002e., or 30-002n.
- (d) The perpetrator is a caretaker of the child or the caretaker was negligent in allowing, or unable or unwilling to prevent, the perpetrator access to the child.
- (e) The allegation includes specific acts and/or behavioral indicators which are suggestive of abuse, neglect, or exploitation.
- (f) There is additional information from collateral contacts or records review which invalidates the reported allegation.
- (g) There are previously investigated, unsubstantiated or unfounded reports from the same reporter with no new allegations or risk factors.

.216 The decision whether an in-person investigation is required, including the following outcome options.

- (a) Evaluate out, with no referral to another community agency;
- (b) Evaluate out, with a referral to an appropriate community agency; or
- (c) Accept for in-person investigation.

.217 When the decision is to evaluate out, either with or without a referral to another community agency, the following information:

- (a) Rationale for the decision; and
- (b) Supervisor approval.

.3 The social worker shall complete the Emergency Response Protocol process by determining if an in-person investigation is required.

.31 If it is determined that an in-person investigation is unnecessary but that the services of another community agency are appropriate, the social worker shall refer the reporter to that agency.

- .32 For reporting purposes a county shall be permitted to count each completed Emergency Response Protocol form, or approved substitute, as one Emergency Response Assessment Case wherein a referral is evaluated out, either with or without a referral to another community agency.
- .321 The Emergency Response Protocol form, or approved substitute, is complete when the social worker has recorded enough information as specified in Section 30-132.2 to document the decision as to whether or not to make an in-person investigation and shall include:
- (a) The specific decision outcome,
 - (b) The rationale for evaluating out the referral, and
 - (c) The supervisor approval.
- .4 An in-person response shall be made immediately under either of the following circumstances:
- .41 A law enforcement agency refers a child who is at immediate risk of abuse, neglect or exploitation.
- .42 The referral indicates the existence of a situation which is likely to imminently cause physical pain, injury, disability, severe emotional harm or death to a child.
- .5 Upon the county's receipt of a referral that is assessed to require an immediate in-person response, a social worker skilled in emergency response shall have immediate in-person contact with all children and available parent(s)/guardian(s) in situations requiring immediate response.
- .51 If all of the following circumstances exist and are documented in the Emergency Response, In-Person Response Case, the decision to contact any additional children in the family who are not present at the time of the initial response shall be at the discretion of the county:
- .511 The county emergency response social worker has had in-person contact with the child(ren) alleged to be abused, neglected, or exploited and all other children present at the time of the social worker's initial response.
 - .512 The county emergency response social worker has had in-person contact with the parent(s)/guardian(s) available at the time of the initial response.
 - .513 The county social worker has made the necessary collateral contacts with persons having knowledge of the condition of the children.
- .6 All other in-person responses shall be made within ten calendar days after receipt of the referral and follow the instructions outlined in Sections 30-132.51 through .513.

- .7 No response is required to a cross-report from a law enforcement agency if the law enforcement agency has investigated and determined that there is no indication of abuse or neglect by a member of the child's household.
- .8 Emergency response staff shall request law enforcement assistance under either of the following circumstances:
 - .81 The physical safety of family members or county welfare department staff is endangered.
 - .82 A child must be placed in temporary custody and the county welfare department social worker is not deputized as a peace officer or authorized by Welfare and Institutions Code Section 306 to perform such an act.
- .9 Emergency response staff may take a child into temporary custody without the assistance of law enforcement whenever authorized to do so under Welfare and Institutions Code Section 306.
 - .91 Welfare and Institutions Code Section 306 specifies in pertinent part as follows:
 - .911 Any social worker in a county welfare department, while acting within the scope of his or her regular duties under the direction of the probation department or juvenile court and pursuant to subsection (b) of Section 272, may do all of the following:
 - (a) Take into temporary custody and maintain temporary custody of, without a warrant, a minor who has been declared a dependent child of the juvenile court under Section 300, and is in need of care.
 - (b) Take into temporary custody and maintain temporary custody of a minor without a warrant, when the social worker has reasonable cause to believe that the minor is a person who is described in subdivision (b) or (g) of Section 300.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 16208 and 16501.1, Welfare and Institutions Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91)

AGENCY

California Department of Social Services

(See instructions on reverse)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER	AGENCY FILE NUMBER (If any)	PREVIOUS REGULATORY ACTION NUMBER
	Z92-1222-02	930428-03C	92-1221-04E	RDB# 1192-41	

For use by Office of Administrative Law (OAL) only

ENDORSED
APPROVED FOR FILING
AND PUBLICATION

MAY 28 1993

Office of Administrative Law

FILED

In the office of the Secretary of State
of the State of California

MAY 28 1993

At 4:09 O'clock P. M.
MARCH FONG EU, Secretary of State
By Katherine J. Moelker
Deputy Secretary of State

NOTICE

REGULATIONS

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. TOPIC OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
AFDC-FC Group Home Rate-Setting					
3. NOTICE TYPE		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	
<input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action					
<input type="checkbox"/> Other					
OAL USE ONLY	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER	PUBLICATION DATE	
	<input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		92-1222-02	1-1-93	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics-related)

TITLE(S)	ADOPT
MPP	11-402.111, .354(b), .355 and .393
SECTIONS AFFECTED	AMEND
	11-400g.(2), 11-402.11 and .354, and 45-101(r)
	REPEAL

2. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code, § 11346)
 ☐ Resubmittal
 ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100)
 ☐ Emergency (Gov. Code, § 11346.1(b))

☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Government Code §§ 11346.4 - 11346.8 prior to, or within 120 days of, the effective date of the regulations listed above.

☐ Print Only
 ☐ Other (specify)

3. DATE(S) OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §§ 44 and 45)

N/A

4. EFFECTIVE DATE OF REGULATORY CHANGES (Gov. Code § 11346.2)

☐ Effective 30th day after filing with Secretary of State
 ☒ Effective on filing with Secretary of State
 ☐ Effective other (Specify)

5. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

☒ Department of Finance (Form STD. 399)
 ☐ Fair Political Practices Commission
 ☐ State Fire Marshal

☐ Other (Specify)

6. CONTACT PERSON

Jim Rhoads, Assistant Bureau Chief, Regulations Development Bureau

TELEPHONE NUMBER

657-2586

7.

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

Eloise Anderson

TYPED NAME AND TITLE OF SIGNATORY

Eloise Anderson, Director

DATE

APR 26 1993

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 2-91) (REVERSE)

INSTRUCTIONS FOR PUBLICATION OF NOTICE
AND SUBMISSION OF REGULATIONS

The revised form STD. 400 replaces form STD. 398 (REV. 3/85) (Face Sheet for Filing Notice of Proposed Regulatory Action in the California Administrative Notice Register) and form STD. 400 (REV. 8/85) (Face Sheet for Filing Administrative Regulations with the Office of Administrative Law). Use the new form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the agency name and agency file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations, the statement of reasons and a list of small businesses to whom the notice will be mailed, if any. If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified" and place a number in the box marked "Notice File Number." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Government Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the number of the previously disapproved or withdrawn filing in the box marked

"Previous Regulatory Action Number" at the top of the form and submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Government Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Government Code § 11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A only. Please insert the OAL number for the original emergency filing in the box marked "Emergency Number" at the top of the form. OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B on the form that was previously submitted with the notice, or, if a new STD. 400 is used, please include the previously assigned numbers in the boxes marked "Notice File Number" and "Emergency Number." The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and enter the OAL number of the original emergency filing in the box marked "Emergency Number" at the top of the form.

If you have any questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law at (916) 323-6225 or ATSS 473-6225.

Amend Section 45-101(r) and handbook to read:

45-101 DEFINITIONS (Continued)

45-101

(q) (Continued)

(r) Group Home shall be defined in accordance with Welfare and Institutions Code Section 11400(h).

HANDBOOK BEGINS HERE

(1) The term group home is defined in Welfare and Institutions Code Section 11400(h) as follows:

"'Group Home' means a nondetention privately operated residential home, organized and operated on a nonprofit basis only, of any capacity, that provides services in a group setting to children in need of care and supervision, as required by paragraph (1) of subdivision (a) of Section 1502 of the Health and Safety Code."

(A) Health and Safety Code Section 1502(a)(1) states: "'Residential facility' means any family home, group care facility, or similar facility determined by the director, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual."

HANDBOOK ENDS HERE

(s) (Continued)

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 1502(a)(1), Health and Safety Code, and Section 11400(h), Welfare and Institutions Code.

Amend Section 11-400g.(2) and handbook to read:

11-400 AFDC-FOSTER CARE RATES (Continued)

11-400

g. (1) (Continued)

- (2) Group home shall be defined in accordance with Welfare and Institutions Code Section 11400(h).

HANDBOOK BEGINS HERE

- (A) The term group home is defined in Welfare and Institutions Code Section 11400(h) as follows:

"'Group Home' means a nondetention privately operated residential home, organized and operated on a nonprofit basis only, of any capacity, that provides services in a group setting to children in need of care and supervision, as required by paragraph (1) of subdivision (a) of Section 1502 of the Health and Safety Code."

1. Health and Safety Code Section 1502(a)(1) states: "'Residential facility' means any family home, group care facility, or similar facility determined by the director, for 24-hour nonmedical care of persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual."

HANDBOOK ENDS HERE

h. (1) (Continued)

Authority Cited: Sections 10553, 10554, 11462(i) and (j), and 11466.1, Welfare and Institutions Code and Chapter 1294, Statutes of 1989, Section 23.

Reference: Section 1502(a)(1), Health and Safety Code, Sections 10852, 11226, 11228, 11230, 11231, 11232, 11233, 11234, 11235, 11236, 11400(h), 11460, 11462, 11466.1, 11466.2, 11466.3, 11468, and 18350, Welfare and Institutions Code, The Classification of Group Home Program Under the Standardized Schedule of Rate System Report, August 30, 1989, and Title 8, California Code of Regulations, Section 11050, Industrial Welfare Commission Order 5-89.

Amend Sections 11-402.11 and .354 and adopt Sections 11-402.111, .354(b), .355 and .393 and handbook, and renumber Sections 11-402.355 and .356 to Sections 11-402.356 and .357, respectively, to read:

11-402 GROUP HOME RATE SETTING

11-402

.1 Group Home Rate Determination Process - General Overview

.11 The Department shall determine the RCL for each nonprofit group home program utilized for AFDC-FC placements to set a rate using the standardized schedule of rates.

.111 For the period of Fiscal Year 1992-93 from January 1, 1993, through June 30, 1993, the Department shall establish a rate for a group home which changes status from for-profit to nonprofit if the following requirements are met:

(a) The group home program had a rate established prior to January 1, 1993, as a group home organized and operated as an unincorporated proprietorship, a partnership, or a for-profit corporation;

(b) The group home has organized and is operating on a nonprofit basis as of January 1, 1993; and

(c) The documentation in Section 11-402.354 has been submitted by January 1, 1993. (Continued)

.35 An annual rate application with no program changes shall include:

.351 (Continued)

.352 (Continued)

.353 (Continued)

.354 Either of the following if not submitted with a previous rate application:

(a) A copy of the Internal Revenue Service (IRS) letter designating the provider as tax exempt; or

(b) The following documentation of nonprofit status:

(1) An endorsed copy of the group home organization's articles of incorporation, filed with the California Secretary of State, demonstrating the organization:

(A) Operates in the public interest for scientific, education, service or charitable purposes;

(B) Is not organized for profit making purposes;
and

(C) Uses its net proceeds to maintain, improve or
expand its operations.

.355 A declaration signed by the group home's board of directors that the organization will operate during the fiscal year in the public interest for scientific, education, service or charitable purposes; is not organized for profit making purposes; and uses its net proceeds to maintain, improve or expand its operations.

(a) The group home provider shall immediately notify the Department if the group home ceases to operate on a nonprofit basis.

.356 (Continued)

.357 (Continued)

.39 The Department's rate termination process shall be as follows:

.391 (Continued)

.392 (Continued)

.393 In accordance with Sections 11-402.391 and 11-402.392 the Department shall terminate a group home program rate of any group home which does not meet the requirements of Welfare and Institutions Code Section 11462(a)(3).

HANDBOOK BEGINS HERE

(a) Welfare and Institutions Code Section 11462(a)(3) states:

"The department shall terminate the rate, effective January 1, 1993, of any group home that is not organized and operated on a nonprofit basis as required under subdivision (h) of Section 11400."

HANDBOOK ENDS HERE

.4 (Continued)

Authority Cited: Sections 10553, 10554, 11462(j), 11466.1, and 11466.2, Welfare and Institutions Code and Chapter 1294, Statutes of 1989, Section 23.

Reference: Sections 10852, 11460, 11462, 11462(a)(2) and (a)(3), 11462(i)(1)(B), 11466.1, 11466.2, 11466.3, 11466.4, 11467, and 18350, Welfare and Institutions Code and The Classification of Group Home Programs Under the Standardized Schedule of Rate System Report, August 30, 1989.